

**ANATOMY PHD PRIZE RESEARCH STUDENTSHIPS 2018/19**

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| **APPLICATION FORM 2018/19** |
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| **CHECK LIST** |
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| BEFORE submitting this form **ONLINE ONLY** **by Friday 24th August 2018** to: Professor Emeritus Colin Ockleford, Honorary Secretary (c/o Mary-Anne Piggott at the Anatomical Society Office, Department of Anatomy and Human Sciences, King’s College (Guy’s Campus), Room HB4.2N Hodgkin Building, London SE1 1UL, you must:   * Read the Information and Conditions Document * Check that you are eligible to apply (Please refer to the Information and Conditions Document Section 1(a)) * Use an Arial Font size of 11 when completing the application form * Adhere to the stated word limits in each section * Ensure that any images and or diagrams included in the sections are legible * Declare any conflicts of interest (e.g. Supervisor, Co-Supervisor or Collaborator (s) being current members of the Anatomical Society Council) * Include all required supporting documentation (e.g. letters from collaborators). * Obtain all required signatures   NB: Covering letters, appendices or additional information will **not** be considered.  If you have any queries please contact [maryanne.piggott@kcl.ac.uk](mailto:maryanne.piggott@kcl.ac.uk) in the first instance. |
| **SECTIONS** |
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| 1. **PERSONAL DETAILS AND ELIGIBILITY OF THE LEAD APPLICANT (SUPERVISOR)** |
| 1. **PERSONAL DETAILS OF THE CO-SUPERVISOR (IF ANY)** |
| 1. **DESCRIPTION OF THE PROJECT AND DETAILS ABOUT COLLABORATORS (IF ANY)** |
| 1. **DETAILS OF THE STUDENT NOMINATED** |
| 1. **CONFIRMATION OF ACCEPTANCE OF CONDITIONS** |
| 1. **DECLARATION OF INTERESTS** |
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| **SECTION 1 PERSONAL DETAILS AND ELIGIBILITY OF THE LEAD APPLICANT (SUPERVISOR)** |
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| Name of lead applicant (supervisor): |
| Title: |
| Surname: |
| Forenames: |
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| AS Membership No: |
| *Please note that the lead applicant (supervisor) must be a fully paid up member of the Anatomical Society who has been elected to membership by Council for at least a year.* |
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| Current post and date of appointment: |
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| Tenure: Please confirm that your current post is secure for the 3 year term of the award for full-time and 6 year term for part-time and that you have no intention of retiring during this period: Y/N |
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| Date of birth: |
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| Degrees: |
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| Address: |
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| Postcode: |
| Telephone: |
| Fax: |
| E-Mail: |
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| Title of project: |
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| Indicate if this is for a part-time or a full-time PhD position?    Part-time Full-time |
| Selected publications, of lead applicant (supervisor) up to a maximum of 5 published in the Journal of Anatomy or Aging Cell |
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| Selected publications (other than JoA or Aging Cell), of lead applicant (supervisor) up to a maximum of 5: |
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| Previous Society Studentships supervised by the lead applicant (supervisor): |
| *(If you have previously held an AS Studentship(s), please give year of award, title, name of student and date of award of PhD*. *Please note that if a potential applicant has held an Anatomical Society studentship he/she cannot apply again until his/her previous student has been awarded a PhD by the appropriate Board of Studies (graduand status). Documentary evidence is required. Applicants who have had a previous student are not eligible unless that student has submitted at least one original high quality research article to the Journal of Anatomy or Aging Cell as a significant output from prospective supervisors for studentships.*  *Please provide documentary evidence.* |
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| Previous (Non AS) PhD studentships supervised by the lead applicant (supervisor): |
| *(Please give details of students supervised within the last five years with start date, date of PhD award and source of funding. Please note that not having previously supervised a student does not preclude a studentship application to the Society)* |
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| Attendance and presentations at Society meetings by the lead applicant (supervisor): |
| *(Please give details of Society meetings attended within the last three years and list any presentations or posters given by you or by any AS studentship holder that you may have supervised in this period)* |
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| **SECTION 2 PERSONAL DETAILS OF THE CO-SUPERVISOR (IF ANY)** |
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| Name of co-supervisor: |
| Title: |
| Surname: |
| Forenames: |
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| Current post and date of appointment: |
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| Tenure: Please provide information on the duration and nature of your contract: |
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| Date of birth: |
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| Degrees: |
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| Address |
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| Postcode: |
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| E-Mail: |
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| **SECTION 3 DESCRIPTION OF THE PROJECT** |
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| Please provide a description of the project using the headings below. Please observe the word counts where given |
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| 1. Title: |
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| 1. Objectives and significance of the research (up to 500 words): |
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| 1. Background to the project (up to 500 words) |
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| 1. Strategy and methods (up to 500 words) |
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| 1. References and supporting papers *(if any papers are ‘in press’ please enclose an abstract in the first instance). Up to a maximum of 12 papers may be cited in support of the project.* |
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| 1. Infrastructure training and support available to the student (up to 500 words) |
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| 1. If this is for a part-time PhD position, please outline how the research study will be conducted to allow for part-time study (up to 500 words) |
| 1. If this is for a part-time studentship, please outline how long the studentship will take, indicating how many months the student will be studying for each year of study (up to 200 words). |
| 1. What training benefits will the student derive as the result of the project *(include any opportunities for teaching and demonstrating that may be provided;* up to 500 words) |
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| 10. Where appropriate the status of any ethical, Home Animal Licence or HTA approvals required for the project. (up to 500 words) |
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| 11. Collaboration (if the project requires the involvement of a collaborator (collaborators) who is (are) not a co-supervisor please provided supporting evidence in the form of a letter confirming willingness to collaborate throughout the duration of the project for each collaborator named). Provide brief details of the nature of this collaboration and how it will contribute to the project (up to 150 words). |
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| **SECTION 4 DETAILS OF STUDENT NOMINATED** |
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| If you have identified a potential student to take up a studentship please complete the details below. Otherwise this section should only be completed once the studentship has been awarded and a student appointed). You must ensure that your student satisfies the student eligibility conditions as detailed in the *‘Information and Conditions’* document It is important that this section is returned to the Society once the student has been appointed so that the Society can initiate Society membership and can communicate directly with the student. |
| (You may also attach the student’s Curriculum Vitae). |
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| Name: |
| Title: |
| Surname: |
| Forename(s): |
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| Date of birth: |
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| Nationality: British/Irish/European |
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| Passport sized photo of the student (*recent, please attach*): |
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| Address: |
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| Postcode: |
| Telephone: |
| Fax: |
| E-Mail: |
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| Degrees (including university, class of honours and date awarded): |
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| Publications (*including any submitted*): |
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| Names and addresses of two academic referees: (Please also provide a copy of the actual references) |
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| **Referee (First)** |
| Address: |
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| Postcode: |
| Telephone: |
| Fax: |
| E-Mail: |
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| **Referee (Second)** |
| Address: |
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| Postcode: |
| Telephone: |
| Fax: |
| E-Mail: |
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| **SECTION 5 CONFIRMATION OF ACCEPTANCE OF CONDITIONS** |
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| Signature of Lead Applicant (Supervisor):  Date: |
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| Signature of Co-Supervisor (if any):  Date: |
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| Declaration by Head of Department/School/Institute in which the studentship is to be hosted: |
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| *I confirm that if the studentship is awarded, laboratory accommodation and facilities and appropriate funding for research expenses incurred above the limit funded by the Society\* will be available to the student.* |
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| Signature of Head of Department/School/Institute |
| Name of Head of Department/School/Institute (please print): |
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| Date: |
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| \**(Please note that claims for research expenditure from the Society above the limit set annually by the Society will not be accepted.)* |
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| **SECTION 6 DECLARATION OF CONFLICTS OF INTERESTS** |
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| I confirm that any conflicts of interest arising in relation to this application have been detailed below (e.g. Supervisor and /or Co-Supervisor being current members of the Anatomical Society Council or connected in any way) |
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| Declaration by Lead Applicant (Supervisor)  Conflict(s) of interest: (if none please state none)  Signature:  Date: |
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| Declaration of Co-Supervisor (if any)  Conflict(s) of Interest: (if none please state none)  Signature:  Date: |
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| Declaration of Collaborator 1 (if any)  Conflict(s) of Interest: (if none please state none)  Signature:  Date: |
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|  |
| Declaration of Collaborator 2 (if any)  Conflict(s) of Interest: (if none please state none)  Signature:  Date: |

*File: Studentship-Application-Form-201819 –v3-230218*