****

**Open Grant Round 2024**

***Application Form – PhD studentships***

**The deadline for this funding call is 12pm midday on Thursday 5th September 2024**.

Please ensure that you have read the Guidance for Applicants document before completing this form. Applicants should complete all sections in the application below and ensure that CVs from all applicants as well as any supporting documents are submitted with the application.

**This application form is for PhD studentship grants. If you are applying for a small or large project grant, please ensure you refer to and apply via the relevant documents.**

Applications must be submitted as a pdf file to Sarcoma UK at research@sarcoma.org.uk by the deadline advertised above. Applications missing this deadline will not be accepted.

For internal use:

|  |  |
| --- | --- |
| **Application code** |  |
| **Main Supervisor** |  |
| **Institution** |  |
| **Amount requested** |  |
| **Project Title** |  |

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**Application Form – PhD Studentships**

# **PART ONE – THE APPLICANTS**

## 1. Investigators

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Main Supervisor (PI)** | **2nd Supervisor (Co-I)** | **3rd Supervisor (Co-I)** |
| Title |       |       |       |
| Full name |       |       |       |
| Institution |       |       |       |
| Position held |       |       |       |
| Full postal address |       |       |       |
| Email address |       |       |       |
| Phone number |       |       |       |
| Number of PhD students currently supervised |       |       |       |
| Number of completed PhD students supervised |       |       |       |
| Hours per week to be spent on project |       |       |       |

## 2. Administering Organisation

|  |  |
| --- | --- |
| Name of Organsiation: |       |
| Address:  |       |
| Address at which work will be undertaken, if different to above: |       |

# **PART TWO – THE STUDENT**

## 3. The candidate

Do you have a candidate identified for this PhD? **Yes** [ ]  **No** [ ]

*If yes, please give their name and insert a one-page CV:*

*If no, please indicate how you will recruit a strong candidate for this studentship:*

## 4. Doctoral School

Does your organsiation have a Doctoral School / Doctoral Training Programme or similar?

**Yes** [ ]  **No** [ ]

If yes, please provide the name of Head of Doctoral School (or programme), contact details and website address.

|  |  |
| --- | --- |
| Name: |       |
| Address:  |       |
| Email address: |  |
| Web link: |       |

What core modules and / or training is provided by the Doctoral School?

Please give the assessment / reporting points for students.

What is the institutional timeframe form submission of the student’s thesis?

# **PART THREE – THE PROJECT**

## 5. Project Title:

## 6. Start date and duration:

|  |  |
| --- | --- |
| Planned start date: | Duration (months): |
|       |       |

## 7. Funds requested:

|  |  |
| --- | --- |
| Total amount requested (£) | Total fEC of project (£) |
|       |       |

## 8. Funding available from the Sarah Burkeman Trust

*Please refer to the Guidance for Applicants for further details of this opportunity.*

Do you wish to also be considered for the funding opportunity from the Sarah Burkeman Trust? **Yes** [ ]  **No** [ ]

If you wish to be considered for this funding, please indicate for which area(s) of interest your application is relevant and justify how your application is within scope for this funding.

## 9. Type of sarcoma

**Please indicate the sarcoma subtypes this research focuses on**. Please provide details if the project applies to multiple subtypes or if they are not listed below.

|  |  |  |
| --- | --- | --- |
| **All sarcoma subtypes** (bone and soft tissue) | [ ]  |  |
| **All or multiple bone sarcoma subtypes**  | [ ]  | **All or multiple soft tissue sarcoma subtypes**  | [ ]  |
| Angiosarcoma | [ ]  | Mxofibrosarcoma | [ ]  |
| Chondrosarcoma | [ ]  | Myxoid liposarcoma | [ ]  |
| Chordoma | [ ]  | Osteosarcoma  | [ ]  |
| Dermofibrosarcoma protuberans | [ ]  | Retroperitoneal Sarcoma | [ ]  |
| Endometrial Stromal Sarcoma | [ ]  | Rhabdomyosarcoma | [ ]  |
| Ewing’s sarcoma | [ ]  | Solitary Fibrous Tumour | [ ]  |
| Gastrointestinal stromal tumours (GIST) | [ ]  | Synovial Sarcoma | [ ]  |
| Leiomyosarcoma | [ ]  | Undifferentiated Pleiomorphic Sarcoma | [ ]  |
| Liposarcoma | [ ]  | **OTHER – PLEASE STATE**       | [ ]  |

**Please indicate the age range this research focusses on, ticking more than one box if appropriate.**

**Children** (0-14 years old)[ ]  **Teenagers and young adults** (15-24 years old) [ ]

**Adults** (24+ years old) [ ]

Please provide details:

## 10. Patient participation:

**Will people affected by sarcoma participate in this research directly?**

**Yes** [ ]  **No** [ ]

If yes, please explain the nature of this participation:

## 11. Ethical Approvals:

1. **Does the project require ethical approval for working with human subjects or tissues?**

**Yes** [ ]  **No** [ ]

If yes, please explain why ethical approval is needed.

Please provide either the NRES / IRAS number if in place, indicate when this is likely to be granted, or your planned submission date:

Please also attach a copy of the appropriate approval to your application, or indicate when ethical approval may be granted if in progress.

1. **Does the planned project require the use of patient samples?**

**Yes** [ ]  **No** [ ]

If yes, please give details as to how the samples will be accessed and provide a letter of support confirming access from either a collaborator or biobank.

If yes, has this been costed in this application or funded through another grant?

## 12. Application assessment:

**Has this application been assessed / reviewed by:**

1. Your R&D office for any Excess Treatment Costs: **Yes** [ ]  **No** [ ]
2. The Research Design Service: **Yes** [ ]  **No** [ ]

If yes, which RDS?

1. Clinical Trials Unit: **Yes** [ ]  **No** [ ]

If yes, which Unit?

## 13. Research involving animals:

1. **Do your proposals include procedures to be carried out on animals** **in the UK under the Animals (Scientific Procedures) Act?**

**Yes** [ ]  **No** [ ]

If yes, have the necessary approvals been given by:

* *The Home Office (in relation to personal, project and establishment licences)*

***Yes*** [ ] ***No***[ ] ***Not required***[ ]

* *Animal Welfare and Ethical Review Body (AWERB)?*

***Yes*** [ ] ***No***[ ] ***Not required***[ ]

If not, have you applied for the appropriate approvals? Please give details.

Name of Licence holder for project:

Outsourced?

**Yes** [ ]  **No** [ ]  **To (if known):**

1. **Do your proposals involve the use of animals or animal tissue outside the UK?**

**Yes** [ ]  **No** [ ]

1. **Procedures and approaches:**
2. If your project involves the use of animals, what would be the severity of the procedures?

**Mild** [ ]  **Moderate** [ ]  **Severe** [ ]

Please provide details of any moderate or severe procedures (250 words)

1. Why is animal use necessary; are there any other possible approaches? (250 words)
2. Why is the species/model to be used the most appropriate? (250 words)
3. Please detail the experimental design and timescales for all experiments involving animals (250 words)
4. Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought.
5. Do you envisage any advances arising from the research that might lead to replacement, refinement or reduction of the use of animals? If so, please give details.

## 14. Other sources of funding:

**i. Has earlier research relevant to this study by you or your team been externally funded?** **Yes** [ ]  **No** [ ]

If yes, please give details:

Project Title:

Supporting organisation / funder:

Value of award(s) £      Start date and duration of award(s)

**ii. Is this project or a similar application being submitted elsewhere? Yes** [ ]  **No** [ ]

If yes, please indicate to which organisation it has been submitted:

When is a decision anticipated?

**iii. Has this application been submitted elsewhere during the last 12 months? Yes** [ ]  **No** [ ]

If yes, please indicate to which organisation was it submitted:

What was the result of the application?

**iv. Do you have a partial source of external funding already in place for this project?**

**Yes** [ ]  **No** [ ]

If yes, please provide details

## 15. Intellectual Property and Exploitation:

**Is the proposed research likely to lead to any intellectual property (IP) which may be commercially exploited (e.g. via a patent or licence)?**

**Yes** [ ]  **No** [ ]

If yes, please give brief details of the potential IP:

* 1. What is the nature of the mechanism(s) used to determine whether registration is required?
	2. Please give the name and post of the official responsible for registering any intellectual property within the host institution:

## 16. External reviewers:

Please suggest up to three individuals who may be suitable to provide expert peer review for this grant. *Please refer to the Guidance for Applicants for guidelines around individuals who would be appropriate to identify. Please note this section will only be viewed and used by Sarcoma UK’s Research Team.*

Name, institution and position:

Email address:

Expertise:

Name, institution and position:

Email address:

Expertise:

Name, institution and position:

Email address:

Expertise:

## 17. Key words:

Please provide a list of up to 5 key words which summarise the proposed project, to assist in finding peer reviewers:

## 18. Lay summary of the proposed project:

*All applications will be reviewed by people affected by sarcoma (lay reviewers), who are not scientific experts. Lay Reviewers will primarily assess proposals on the relevance and importance of the proposed science to people affected by sarcoma. Please see the Guidance for Applicants for more information.*

Please ensure you write in **plain English** and that scientific concepts are explained for a non-expert audience. As a guideline, the summary should cover:

* **Background and rationale**
	+ Why are you doing the study?
	+ What is already known about the problem that the project will address?
	+ What do you hope to find out?
* **What you plan to do and how you will go about it**
	+ Describe what you plan to do during the project, including the key milestones, deliverables, the methods you plan to use and your intended outcomes
* **The potential impact of the study for people affected by sarcoma**
	+ What will be the benefit of your research for people affected by sarcoma?
	+ How can the findings from the research be developed or put into practice after completion of the project?

|  |
| --- |
|       |

## 19. Collaborators:

Please give details of collaborators on whom the viability of the project is dependent. Please include a statement (letter/email) of willingness to act as collaborator at the end of your application.

|  |
| --- |
| **Collaborator 1** |
| Title |  |
| Full Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Address |  |
|  | Post code |  |
| Tel |  | Email |  |

|  |
| --- |
| **Collaborator 2** |
| Title |  |
| Full Name |  |
| Post |  |
| Department |  |
| Institution  |  |
| Address |  |
|  | Post code |  |
| Tel |  | Email |  |

|  |
| --- |
| **Collaborator 3** |
| Title |  |
| Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Address |  |
|  | Post code |  |
| Tel |  | Email  |  |

## 20. Declaration and Institutional Approval:

The application should be approved by the Head of Department and by the Administrative or Finance Officer who will be responsible for administering any grant which may be awarded.

**Principal Investigator**

|  |  |
| --- | --- |
| **Signed** | **Date** |
|  | Click or tap to enter a date. |

**Head of Department**

I confirm that I have read this application and that if a grant is awarded the work will be accommodated and administered in our institution. The staff gradings and salaries quoted in the application are correct and are submitted in accordance with the normal practice of this institution. We will sub-contract where required to other organisations.

|  |  |
| --- | --- |
| Name | Title |
|  |  |
| Institution | Tel |
|  |  |
| Email |
|  |
| **Signed** | **Date** |
|  | Click or tap to enter a date. |

**Financial/Administrative Officer**

|  |  |
| --- | --- |
| Name | Title |
|  |  |
| Institution | Tel |
|  |  |
| Email |
|  |
| **Signed** | **Date** |
|  | Click or tap to enter a date. |

***We accept electronic signatures on applications by authorised officers.***

# **PART** **FOUR** – **THE PROPOSED RESEARCH STUDY**

Please provide a full description of the proposed study, to a maximum length of 6 pages. Please use a minimum of 10-point size font and ensure that all figures and data are displayed in a clear and legible format.

References and power calculations are not counted in this limit. Please ensure that references are provided in full, with all authors listed where appropriate.

* PhD Project Title
* Project Hypothesis
* Academic Abstract
* Background and rationale for the project
* Purpose of the research
* Plan of investigation and methods to be employed
* Pathway to impact for sarcoma patients

*This section will form a fundamental part of our Lay Review assessment process, where applications are reviewed by people affected by sarcoma, who are not scientific experts. Please ensure you write in plain English and that scientific concepts are explained for a non-expert audience.*

* Justification for the support requested
* Plans for dissemination
* Plans for progression of the research

References should also be provided in full (this will not be counted in your page limit).

## 21. Milestones:

Please detail your key milestones for the entire duration of your research proposal and include an estimated timeframe at which milestones will be completed.

## 22. Gantt chart:

Please attach a detailed Gantt chart for the proposed research, referring to the milestones detailed above.

## **23. Contingency Plans:**

Outline any areas where problems may arise and provide details of how such problems may be overcome, including any potential problems which may prevent you from reaching a milestone. (Up to 300 words).

# **PART FIVE – DETAILS OF FINANCIAL SUPPORT REQUESTED**

*You can apply for funding for staff, consumables and equipment.* *As a medical charity we fund only the direct costs of research. We do not fund infrastructure costs such as heating, lighting, phones or routine office supplies. If you are intending to receive funding for an aspect of this project from another source please clearly indicate this in part 1, section 15. For a full list of allowed and disallowed costs, please refer to the Guidance for Applicants.*

*Please note that the maximum available project cost is £60,000 for a small grant and £175,000 for a large grant**. Please ensure you check rates and calculations prior to submission.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summary of requested support**  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Total** |
| A. Stipend | £       | £       | £       | £       | £       |
| B. Fees | £       | £       | £       | £       | £       |
| C. Consumables | £       | £       | £       | £       | £       |
| D. Travel and Subsistence | £       | £       | £       | £       | £       |
| E. Training, Other and Exceptional Items | £       | £       | £       | £       | £       |
| **TOTAL** | £       | £       | £       | £       | £       |

1. **Stipend**

Please provide details of the requested stipend cost. The stipend and fees of the student may either be in line with [UK Research & Innovation](https://www.ukri.org/skills/funding-for-research-training/) (UKRI) levels for UK home students, or host institution stipend levels.

|  |
| --- |
|  |

1. **Please provide additional details of the requested fees**

|  |
| --- |
|  |

## **24. Cost of consumables specific to the project**:

*As a medical charity we fund only the directly incurred costs of research. We do not fund directly allocated, infrastructure or indirect costs*.

**Please specify:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item(s)** | **Year 1 cost** | **Year 2 cost** | **Year 3 cost** | **Year 4 (if necessary)** | **TOTAL** |
|                                                                             | £      £      £      £      £      £      £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £      £      £      £      £      £      £       |
| **TOTALS**  | **£** | **£** | **£** | **£** | **£** |

## **25. Travel and subsistence:**

*Conference attendance expenses can be included for dissemination/presentation of project results but not for general educational purposes for the individual.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Destination /Reason for journey** | **No. of journeys** | **Travel**  | **Subsistence**  | **Other Costs** | **Total**  |
| **Within UK** |
|                                                    |                                                    | £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £       | £      £      £      £      £      £      £      £      £      £       |
| **Overseas** |
|                      |                      | £      £      £      £       | £      £      £      £       | £      £      £      £       | £      £      £      £       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTALS** | **Year 1** | **Year 2** | **Year 3** | **Year 4** (if necessary) | **TOTAL** |
| **£** | **£** | **£** | **£** | **£** |

## 26. Training / Other / Exceptional items:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other/Exceptional items** | **Year 1** | **Year 2** | **Year 3** | **Year 4** (if necessary) | **TOTAL** |
|                                | £      £      £      £      £      £       | £      £      £      £      £      £       | £      £      £      £      £      £       | £      £      £      £      £      £       | £      £      £      £      £      £       |
| **TOTALS**  | **£** | **£** | **£** | **£** | **£** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTAL**  | **Year 1** | **Year 2** | **Year 3** | **Year 4** (if necessary) | **TOTAL** |
| **£** | **£** | **£** | **£** | **£** |

# **PART SIX – CURRICULA VITAE**

Please provide a CV, which should include employment history and a list of research publications and research grants relevant to the application, for the PI and all co-investigators. This should be a **maximum of two pages** per individual.

Please include any collaborators’ letters associated with the project in this section.

# **APPLICATION CHECKLIST**

Resubmission letter, with changes made since the previous submission

(if appropriate). Please refer to the Guidance for Applicants. [ ]

Part One – The Applicants [ ]

Part Two – The Student [ ]

Part Three – The Project [ ]

Part Four – Proposed Research Study [ ]

Part Five – Financial Support Requested [ ]

Part Six - CVs [ ]

Ethical approval documents [ ]

Please compile into **one** PDF document and email to research@sarcoma.org.uk by **12pm on Thursday 5th September 2024**