**SUMMER STUDENTSHIP RESEARCH GRANT APPLICATION FORM**

Before starting your application, please ensure you have read the following to ensure your research proposal is a good fit for the organisational commitments of the Healthcare Infection Society (HIS) by following these links:

* [About the Healthcare Infection Society](https://his.org.uk/about/)
* [Research Strategy 2020-2025](https://his.org.uk/media/2769/researchstrategy02122020.pdf)
* [The HIS Summer Studentship Grant Terms and Conditions form](https://his.org.uk/media/gzhp3wep/the-his-summer-studentship-grant-terms-and-conditions.pdf)
* [Terms and conditions for HIS Grants and Fellowships](https://his.org.uk/media/3okdivxd/terms-and-conditions-for-his-grants-and-fellowships.pdf)
* [Grant programme overview and process](https://his.org.uk/media/q44l5vvc/grants-programme-general-info-2020.pdf)

**IMPORTANT: SUBMITTING AN APPLICATION**

**Applicants must submit a signed electronic emailed version** of the completed application saved in PDF format, including all the accompanying documents:

* Abridged CVs for the lead applicant and Co-Investigators/mentor (maximum 2 x A4 pages)
* Abridged CV for the student (maximum 2 x A4 pages)
* Letter of recommendation from PI for the named student (maximum 2 x A4 pages)
* Letter of support from mentor if the primary applicant is a postdoctoral researcher or research fellow educated to PhD level (if applicable, maximum 2 x A4 pages)
* Personal statement from the named student (maximum 2 x A4 pages)
* Gannt Chart
* Ethics committee approval and Risk Assessments (if applicable)
* Signed copy of [‘The HIS Summer Studentship Grant Terms and Conditions Form’](https://his.org.uk/media/gzhp3wep/the-his-summer-studentship-grant-terms-and-conditions.pdf)

**Please complete the** **checklist in section 8 at the end of this application form to ensure you have all the required documents**

Application must be submitted to: [grants@his.org.uk](mailto:grants@his.org.uk). For the email subject line please state in the subject line: Summer Studentship Research Grant Application and your full name. Applications are treated as strictly confidential and may be subject to multiple phases of review.

**NOTES on completing this form:**

* The application form must not be altered in any way.
* Please complete all sections. If a section is not relevant, please indicate as such by inserting N/A.
* Read all the notes carefully before completing this form. If a section has a word limit, it is indicated.
* Text can include figures and references, although the references will be included in the word count. If figures are required then they must be inserted within the relevant section and a figure reference, e.g. Fig-01, given within the text.
* All abbreviations and acronyms must be fully defined when first used (except for standard scientific acronyms e.g., DNA, RNA).
* **All boxes require information to be given. If a box is not applicable, please insert the phrase ‘N/A’. Do not leave any box blank**

If you have any queries about the application process, please email [grants@his.org.uk](mailto:grants@his.org.uk)

# SUMMER STUDENTSHIP RESEARCH GRANT

# SECTION 1: APPLICATION SUMMARY

## Section 1.1: Summary

|  |  |
| --- | --- |
| Name of Primary Applicant (the supervisor): |  |
| Name of student: |  |
|  |  |
| Title of Research Project: Limit: 50 words |  |
|  |  |
| FULL Amount Requested for research consumables (a maximum of £500): | £ |
| Duration of the research project (minimum of 6 weeks maximum of 8 weeks): |  |
| Project host institution: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm if your research proposal aligns with the [HIS Research Strategy 2020-2025](https://his.org.uk/media/2769/researchstrategy02122020.pdf) | |  |  | | --- | --- | | YES | NO | |

## Section 1.2: Eligibility requirement checklist for the primary applicant

Please see [The HIS Summer Studentship Grant Terms and Conditions form](https://his.org.uk/media/gzhp3wep/the-his-summer-studentship-grant-terms-and-conditions.pdf) and [Terms and conditions for HIS Grants and Fellowships](https://his.org.uk/media/3okdivxd/terms-and-conditions-for-his-grants-and-fellowships.pdf)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are you a member of HIS, if yes please provide your membership number? | |  |  | | --- | --- | | YES | NO |  |  | | --- | | Membership number: | |  | |
| 1. Do you have research experience? | |  |  | | --- | --- | | YES | NO | |
| 1. If you answered no to b), does your application include an experienced researcher as a Co-Investigator? | |  |  |  | | --- | --- | --- | | YES | NO | N/A | |
| 1. Do you have clinical research experience in infection prevention and control (IPC)? | |  |  | | --- | --- | | YES | NO | |
| 1. If you answered no to d), does your application include a Co-Investigator to act as a mentor for the project who is either a Consultant Microbiologist (or Speciality Registrar on a microbiology pathway), a Specialist Clinical Scientist or an Infection Control Nurse? | |  |  |  | | --- | --- | --- | | YES | NO | N/A | |
| 1. HIS welcomes applications to be submitted by a postdoctoral researcher or research fellow educated to PhD level, if they have an appropriate Co-Investigator/s with research and clinical IPC experience named on the application to act as mentor/s. If a postdoc or research fellow is the primary applicant has an appropriate mentor been identified? | |  |  |  | | --- | --- | --- | | YES | NO | N/A | |
| 1. Will the project take place at a Higher Education Institution/research institute in the UK or in the Republic of Ireland. |  |

## Section 1.3: Eligibility requirement checklist for the named student

Please see [The HIS Summer Studentship Grant Terms and Conditions form](https://his.org.uk/media/gzhp3wep/the-his-summer-studentship-grant-terms-and-conditions.pdf) and [Terms and conditions for HIS Grants and Fellowships](https://his.org.uk/media/3okdivxd/terms-and-conditions-for-his-grants-and-fellowships.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has the named student completed a minimum of two years of a microbiology/bioscience degree, intercalated degree, or a nursing degree? | |  |  | | --- | --- | | YES | NO | |
| 1. Will the student have started the final year of their degree at the time of the summer studentship. | |  |  | | --- | --- | | YES | NO | |
| 1. Is the student registered for a degree at a UK or in the Republic of Ireland. | |  |  | | --- | --- | | YES | NO | |

## SECTION 2: APPLICANT DETAILS

## SECTION 2.1: PRIMARY APPLICANT

|  |  |
| --- | --- |
| **Personal Details** |  |
| Title and Full name: |  |
| Current Position: |  |
| E-mail: |  |
| Telephone: |  |
|  |  |
| Full Work Address: |  |
| For Clinical Applicants only: |  |
| Clinical Speciality/Stage: |  |
| Certificate of Completion of Training (CCT) or expected CCT date for doctors or band/years in IPC for practitioners: |  |
| **Do you intend be clinically active:** | |  |  |  |  | | --- | --- | --- | --- | | 1. **During the award** | |  |  | | --- | --- | | YES | NO | | | 1. **Following the award** | |  |  |  | | --- | --- | --- | | YES | NO |  | | |

# SECTION 2.2: CO-INVESTIGATOR (Please copy and paste this table as required)

|  |  |
| --- | --- |
| **Personal Details**  Co-Investigator 1 |  |
| Title and Full name: |  |
| Current Position: |  |
| E-mail: |  |
| Telephone: |  |
|  |  |
| Full Work Address: |  |
| For Clinical Co-Investigator only: |  |
| Clinical Speciality /Stage: |  |
| CCT or expected CCT date or band/years in IPC for practitioners: |  |
| **Do you intend be clinically active:** | |  |  |  |  | | --- | --- | --- | --- | | 1. **During the award** | |  |  | | --- | --- | | YES | NO | | | 1. **Following the award** | |  |  | | --- | --- | | YES | NO | | |
| **Personal Details**  Co-Investigator 2 |  |
| Title and Full name: |  |
| Current Position: |  |
| E-mail: |  |
| Telephone: |  |
|  |  |
| Full Work Address: |  |
| For Clinical Co-Investigator only: |  |
| Clinical Speciality /Stage |  |
| CCT or expected CCT date or band/years in IPC for practitioners: |  |
| **Do you intend be clinically active:** | |  |  |  |  | | --- | --- | --- | --- | | 1. **During the award** | |  |  | | --- | --- | | YES | NO | | | 1. **Following the award** | |  |  | | --- | --- | | YES | NO | | |

# SECTION 2.3: NAMED STUDENT

|  |  |
| --- | --- |
| **Personal Details**  Named Student |  |
| Title and Full name: |  |
| Current degree programme title: |  |
| University: |  |
| Current year of study: |  |
| Degree start and end dates: |  |
| E-mail: |  |
| Telephone: |  |

# SECTION 3: THE RESEARCH PROPOSAL

Section 3 concerns the details of the proposed research project. Relevant references must be included where necessary. Text can include figures and references, although the references will be included in the word count. References can be abbreviated, e.g. Smith *et al.*, JHI, 2017, 97:232-243. If figures are required then they must be inserted at the relevant place and a figure reference, e.g. Fig-01, given within the text.

|  |
| --- |
| Section 3.1: Scientific abstract |
|  |
| Please provide a concise overview of your grant proposal that summarises the background, objectives, methods, and expected outcomes of your project.  Limit: 500 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 3.2: Keywords |
|  |
| Please list 3-5 keywords that best characterise your project |
|  |
| Section 3.3: Lay person summary |
|  |
| Please provide a summary of the project and expected outcomes that can be given to and understood by a lay person.  **This text will be used by HIS for its external promotional activities**; therefore, do not include any information in this section that you would not wish to be made public, e.g., development of proprietary technology, methods, or products. Also, please note that this information will be attributed to you and not to HIS.  Limit: 500 words (Text box will expand to fit) |
|  |
| Section 3.4: Background to the Research proposal |
|  |
| Describe how the proposed research relates to the present body of scientific/clinical knowledge on the subject, including previous and current work carried out by you and/or others.  Limit: 500 words (Text box will expand to fit) |
|  |

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| --- |
| Section 3.5: Aims and Objectives of the Research proposal |
|  |
| List the aims and objectives of the research and how these align with the HIS research remit for infection prevention and control.  Limit: 250 words (Text box will expand to fit) |
|  |

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| --- |
| Section 3.6: Plan of Investigation |
|  |
| For each objective describe the work proposed and how it will be carried out including design, material and methods and data analysis (please use power calculations if the proposal will include patient groups). You must provide sufficient detail to allow referees to judge the value of the proposal, including novel specific techniques. Include details of how you plan to involve patients and the public in your research.  Limit: 500 words (Text box will expand to fit) |
|  |

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| --- |
| Section 3.7: expected outcomes |
|  |
| Describe the expected outputs/outcomes of each objective and include in detail how the outputs/outcomes will be measured. Explain how these outcomes will benefit the field of infection prevention and control.  Limit: 300 words (Text box will expand to fit) |
|  |

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| --- |
| Section 3.8: research Impact |
|  |
| Describe how you will maximise the impact of your research outputs and disseminate the findings to improve infection prevention and control in healthcare settings and to benefit the wider research community. This can include how the outcomes of the research could lead onto future translational research projects.  Limit: 300 words (Text box will expand to fit) |
|  |

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| Section 3.9: Research Milestones |
|  |
| Please provide a timeline of when you plan to meet each of your project objectives.  Please include a Gantt chart or equivalent showing when different work packages for of the project will start/finish and where the key checkpoints/milestones are - a Gantt chart should be sent as a separate attachment to the application  Limit: 200 words (Text box will expand to fit) |
|  |
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| Section 3.10: Professional development and student experience |
|  |
| Please explain how the proposed project will benefit the professional development of the named student and what will they learn during this project. Please include how the student will be supported, and who will be providing the supervision. It is acceptable for a principal investigator (PI) to request that a postdoctoral researcher or a final-year PhD student supervise or provide training to a student directly; please indicate this in your application. Provide the name and experience of the lab member if you already know who they are and name them as a co-investigator on this grant.  Limit: 800 words (Text box will expand to fit) |
|  |

# SECTION 4: ETHICAL CONSIDERATIONS

You must provide sufficient information in each of the relevant sections below to show how the proposed project will adhere to the MRC’s guidance on good practice for research involving human participants.

If ethical approval has not yet been given, please note that award of any grant will be contingent on the necessary ethical approval having been obtained.

|  |  |
| --- | --- |
| Section 4.1: Human Participants or Tissue | |
|  | |
| **Does this project involve the use of human participants or human tissue?** | Yes  No |
| Please provide any further information below: | |
|  | |

|  |
| --- |
| Section 4.2: Research Setting |
|  |
| Based on direct patient contact, indicate whether the research involves a particular medical setting such as primary care or secondary care. Where the project is to be conducted across multiple healthcare settings or institutions, please provide details about how this will be managed. |
|  |

|  |
| --- |
| Section 4.3: approvals |
|  |
| **Approvals – Please attach this documentation to your application:** |
| |  |  |  |  | | --- | --- | --- | --- | | Have the following necessary approvals been given by: | | | | | The Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC)? | Yes | No | Not required | | | The Health Research Authority (England only)? | Yes | No | Not required | | | Local governance committees | Yes | No | Not required | | | Local R&D Office | Yes | No | Not required | | | Local Health and Safety committee | Yes | No | Not required | | | Local GMSC/HSE as needed | Yes | No | Not required | | |
| Provide justification below. |
|  |

# SECTION 5: PROJECT RISK EVALUATION AND DATA MANAGEMENT

|  |
| --- |
| Section 5.1: Risk Evaluation |
|  |
| Include a risk evaluation to assess what difficulties are most likely to be encountered during this project and how they will be prevented or minimised. Bullet points can be used.  Limit: 400 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 5.2: Data Management Plan |
|  |
| Please detail the facilities and infrastructure available to manage data storage and data sharing. You should indicate:   1. What data will be collected or used during the research project 2. How the data will be managed on a day-to-day basis 3. How it will be analysed, include details of statistical analysis 4. How relevant data will be stored for the long term and made available for re-use by others on completion of the research and publication of findings   Limit: 400 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 5.3: Data management of big data sets |
|  |
| If your project will generate big data sets, such as genomic sequencing data. Please indicate how you will store the data, what computer programmes will be used for the analysis and, if you will be using a bioinformatician to analyse these data. Please indicate your costings for this in section 6.  Limit: 400 words (Text box will expand to fit) |
|  |

# SECTION 6: FINANCIAL COSTINGS

## Section 6.1: Student stipend costings

HIS will provide to students £420 per week (35 hours per week) for projects based in London and £400 per week (35 hours per week) for projects based elsewhere in the UK.

|  |  |
| --- | --- |
| Please indicate where in the UK the project will be based: |  |
| Please indicate the exact duration of the research project in weeks (minimum of 6 weeks maximum of 8 weeks): |  |
| Total amount requested for stipend (this cannot exceed £3,360) |  |

## Section 6.2: Research costings

Please indicate below the consumables requested for this research project. Full justification for these items must also be given in section 6.3. Failure to adequately justify the need for these consumables could result in HIS not approving the request even if the project (overall) is approved. HIS does not award Full Economic Costs (FEC), and such costs cannot be claimed for in this section. Please refer to our Terms and Conditions for further information. These costs cannot exceed £500 for the research project.

|  |  |  |
| --- | --- | --- |
|  | **Description of item** | **£** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  | **Total:** |  |

## Section 6.3 Justification of research costs

|  |
| --- |
| Justify the resources and research consumables required to undertake the research project, taking into account the nature and complexity of the proposal. Do not list the resources required (This section must reflect section 6.2)  Limit: 800 words (Text box will expand to fit) |
|  |

## Section 6.4: Summary of Financial Requirements

HIS does not provide full economic cost (FEC) for its grant awards (Terms and Conditions).

|  |  |
| --- | --- |
| **Sub-Sections** | **£** |
| Stipend costs (Section 6.1) |  |
| Research costs (Section 6.2) |  |
| **TOTAL:** |  |

## Section 6.4: Support from Other Sources

Please note that HIS does not co-fund research projects with other funding bodies. Further details can be found in our Terms and Conditions of support.

|  |  |  |  |
| --- | --- | --- | --- |
| Is the research associated with this application currently being funded (or part-funded)? | | | Yes  No |
| If yes, indicate funding body/bodies: | |  | |
| Amount, duration, and end date of support: |  | | |
|  | | | |
| Is this research proposal currently being submitted elsewhere? | | | Yes  No |
| If yes, indicate funding body/bodies: | |  | |
| Expected date(s) of decision: | |  | |
|  | | | |
| Has this or a similar research project been submitted during the last year? | | | Yes  No |
| If yes, indicate funding body/bodies: | |  | |
| With what outcome(s)? | |  | |

# SECTION 7: ACCEPTANCE OF CONDITIONS

## Section 7.1: The following declaration is to be signed by The Primary Grant applicant:

*I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them.*

*I shall be actively engaged in, and/or in day-to-day control of, this project.*

*Please double click on the X to insert image of signature*

|  |  |
| --- | --- |
| Signature of the primary applicant: |  |

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions.

## Section 7.2: Signature/s of Co-investigator/s

*I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them.*

*I shall be actively engaged in this project. (Please copy these boxes as required)*

|  |  |
| --- | --- |
| Signature of Co-Investigator 1: |  |
| Signature of Co-Investigator 2 (if applicable) : |  |

## Section 7.3: Signature of named student

*I shall be actively engaged in this Summer Studentship Project.*

|  |  |
| --- | --- |
| Signature of named student: |  |

## Section 7.3: Heads of Department and Administrative Authority

This application must be submitted with the support of the Head of Department or Director of Research and the officer responsible for its administration [e.g. finance officer] from each institution. Each should sign the following declaration:

*I confirm that I have read this application and that, if granted, the work will be accommodated and administered in this Department/Institution in accordance with HIS’ Terms and Conditions.*

*I confirm that any additional (non HIS-funded) resources necessary to support this research are available within the Department/Institution and I understand that HIS does not award FEC.*

*The staff grade and salaries quoted are correct and in accordance with the normal practice of this Institution.*

|  |  |  |
| --- | --- | --- |
| Signature of the Head of Department/Director of Research |  | Signature of the Administrative Authority: |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Date: | Date: |

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions. (Please copy these boxes as required).

Please email [grants@his.org.uk](mailto:grants@his.org.uk) for any queries

## SECTION 8: CHECKLIST

**NOTE: The PDF copy of the application form MUST be received by the deadline.**

After completing the application form, complete the checklist below to ensure everything that is applicable is included with the application.

|  |  |
| --- | --- |
| **Item** |  |
| Application form fully completed, signed, and saved as a PDF | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Confirm that Section 7: Acceptance of Conditions has been signed by all | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Attached abridged CV for applicant, Co-Investigators/mentors, and the named student (maximum 2 x A4 pages) | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Attached letter of recommendation from PI for the named student (maximum 2 x A4 pages) | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Attached letter of support from mentor if the primary applicant is a postdoctoral researcher or research fellow educated to PhD level (if applicable, maximum 2 x A4 pages) | |  |  |  | | --- | --- | --- | | YES | NO | N/A | |
| Attached personal statement from the named student (maximum 2 x A4 pages) | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Gantt chart attached | |  |  |  | | --- | --- | --- | | YES | NO |  | |
| Attached Ethical committee’s letter of approval and risk assessments (if applicable) | |  |  |  | | --- | --- | --- | | YES | NO | N/A | |
| Attached signed copy of ‘The HIS Summer Studentship Grant Terms and Conditions Form’ | |  |  |  | | --- | --- | --- | | YES | NO |  | |

Indicate if there are any additional documents that you are submitting with this application form (not including those stated above) and give relevant names of the supporting documents.

|  |  |  |
| --- | --- | --- |
| **Additional Items** | | |
| Number of additional (not listed above) documents submitted: | |  |
| Filenames/Reference: |  | |

Return your completed application to: [grants@his.org.uk](mailto:grants@his.org.uk)

All information contained within this application form will be treated by HIS as strictly confidential.

Note that if your application is successful, information provided in Section 3.3 will be used for HIS purposes as stated.