

**T C White International Research and Training Award**

Your membership must be in good standing to apply. Click [here](https://rcpsg.ac.uk/dentistry/join) to join and email dental@rcpsg.ac.uk with any queries.

**Purpose of the T C White International Research and Training Award**

The primary purpose of this grant is to support and enable research skills in eligible registered dental professionals.

**Eligibility:**
This grant is for dental Fellows and Members (based outside the UK). Only one application per person is allowed.

**Value: -**

The value of the grant is up to £5,000

**SECTION 1 | Please use typescript or CAPITAL LETTERS when filling out this form**

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| --- |
| **PERSONAL DETAILS** |
| **Title (please circle)** | Mr / Mrs / Ms / Miss/ Other \_\_\_\_\_ |
| **Last Name (s)** |  |
| **First Names(s)** |  |
| **Address** |  |
| **Country** |  | **Postcode/Zip** |  |
| **Telephone** |  | **Mobile** |  |
| **Email address** |  | **GDC No.** |  |
| **RCPSG PID No.**  |  |

**SECTION 2 | APPLICATION DETAILS – DENTAL/MEDICAL QUALIFICATIONS (IF APPLICABLE)**

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| **APPLICATION DETAILS**  |
| **Relevant qualifications (please list):** |  | **Date awarded** |  |

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| **Please upload/supply us with the following:**

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|  | Please give a description of your proposed project/training; an extended abstract, including your research question, aims, and research methodology. (No more than 1,000 words.) |
|  | Referring to **Table One** below, how do you rate yourself on the following research/training skills ***at present*** on a score of 0 to 5? (0 = very poor, 5 = excellent) Please complete the table with your submission. |
|  | After completing **Table One**, how would this research/training project help you to develop your research skills and to what level?(No more than 250 words.)  |
|  | Please write a reflective statement of how this research/training will benefit yourself and your workplace/profession (No more than 500 words.)  |
|  | What transferable knowledge and lessons will be learned, and shared with the Faculty of Dental Surgery, after completion of your research/training? (No more than 250 words.)  |
|  | Please give a brief breakdown of your anticipated financial costs. (in £ sterling, and no more than 250 words.) Your application will be rejected if this is not included. |

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**Table One**

|  |  |  |
| --- | --- | --- |
|  | **Attribute** | **At present: – Score 0-5** |
| *1* | Defining a clear and answerable research/training question. |  |
| *2* | Identifying gaps in the evidence base. |  |
| 3 | Problem solving in research delivery. |  |
| 4 | Identifying the appropriate data sources. |  |
| 5 | Data interpretation. |  |
| 6 | Statistical analysis. |  |
| 7 | Writing for publication. |  |
| 8 | Presenting research data at conferences and other media. |  |

**You may wish to also enclose/upload a separate sheet giving further information that you feel will support your application.**

**Please send /upload the following with your application:**

|  |  |
| --- | --- |
|  | Your Dental Award Reference from your current supervisor or senior colleague |
|  | Letter of support from supervisor, applicable to your project (dated within the last 12 months) |
|  | Is ethical approval required for this project, if so please state whether this has already been granted or when you expect it to be granted? Yes No If so  |
| **PLEASE NOTE:**  If Yes, please supply proof of ethical approval. If No, please supply a statement as to why ethical approval is not required. |
|  | Please provide a timeline, such as a Gant chart, for your proposed research. |
|  | Do you have funding for this project from any other source?     **Yes No** **PLEASE NOTE:**  If **yes**, please specify from where and how much.  |
| NB Applicants who have applied for support from other organisations will not be disqualified from consideration for the T C White International Research and Training Award |
|  | **Tick to confirm you have read, understood, and met the eligibility criteria.** |

**Process:**

**The closing date for receipt of application is 30 June and all applicants will be contacted by October with the Board’s decision. Only one application per project will be accepted.**

**The Board’s decision is final.**

PLEASE. NOTE: If your application is successful, the College will award an upfront payment of up to half of the funding awarded. The balance of funding will be awarded on receipt of an Interim Report, which should be submitted to the College at an agreed time. On completion of the project, a final report must be submitted within 10 weeks of the completed project.

In addition to providing a report we ask successful applicant to present a 5-minute multi-media presentation on the benefits of the award.

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| **DECLARATION** |

□ I, the applicant named above, confirm that the details provided in this form are correct.

□I give permission for the success of my application to be published and promoted by the College. The College reserves the right to leverage maximum publicity/press coverage from any activity funded by this award. We require award winners to provide a photo, biography, and social media links for promotion activities.

□ My stakeholders, (such as a university) agree to share the intellectual property of the project with the College.

Signature: …………………………………………………………………………………

Date ………………………………………………………………………………………

**Please return the completed application form with enclosures to:** **dental@rcpsg.ac.uk**

All Information concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the General Data Protection Regulation (GDPR)(Regulation (EU) 2016/679). Such data will be used by the College to administer its relationship with you as a Fellow or Member. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, including the provision of library services (if applicable) or (2) we are required to do so by operation of law. As an individual you have a right under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please email membership@rcpsg.ac.uk





**Research Grant - Dental Award Reference Form**

Please use typescript or CAPITAL LETTERS when filling out this form

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| --- |
| **SECTION 1 PERSONAL DETAILS OF REFEREE** |
| **Title (please circle): Mr / Mrs / Ms / Miss** **Other** \_\_\_\_\_\_\_ | **PID:**  |  |
| **Last Name:** |
| **First Names(s):** |
| **SECTION 2 WHO IS THE REFERENCE FOR** |
| **Title (please circle): Mr / Mrs / Ms / Miss** **Other** \_\_\_\_\_\_\_ | **PID(if known):**  |
| **Last Name:** | **Award applied for:**  |
| **First Name(s):** |

|  |
| --- |
| **SECTION 3 REFERENCE** |
|  |
| **How long have you known this individual and in what capacity?** |
| **What is your opinion on the worthiness of this project and the perceived gains it will bring?** |
| **In your opinion would this individual be capable of completing this project to a *very high* standard? (explain your response)** |

**Please describe any concerns you have or factors you are aware of that might limit the ability to successfully complete this project:**

**Please access the applicant’s skill levels in the following domains:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attribute** | **At present: -****Score 0 - 5** | **Where they will probably be at the completion of their research project****Score 0 – 5** |
| 1 | Defining a clear and answerable research question |  |  |
| 2 | Identifying gaps in the evidence base |  |  |
| 3 | Problem solving in research delivery |  |  |
| 4 | Identifying the appropriate data sources |  |  |
| 5 | Data interpretation |  |  |
| 6 | Statistical analysis |  |  |
| 7 | Writing for publication |  |  |
| 8 | Presenting research data at conferences and other media |  |  |