

**T C White Researcher Grant**

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

Please use typescript or CAPITAL LETTERS when filling out this form

***Please ensure that you do not exceed the word count limit, or your application will not be considered***

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| --- | --- | --- | --- |
| SECTION 1 PERSONAL DETAILS | | | |
| Title (please circle): Mr / Mrs / Ms / Miss Other \_\_\_\_\_\_\_ | Surname: | |  |
| Forename(s): | | | |
| Address: | | | |
|  | | | |
| Country: | | Postcode/zip: | |
| Telephone: | | Mobile phone: | |
| Email address: | | GDC No. (If applicable) : | |
| RCPSG PID No. | |  | |

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| SECTION 2 APPLICATION DETAILS | | | |
| Relevant qualifications (please list): | | Date awarded: | |
| Description of your proposed project (extended abstract, 500 words maximum)  Personal reflections on why you are doing this research (200 words maximum) | | | |
| Reflections on the proposed benefits of undertaking this research to your workplace/country (150 words maximum) | | | |
| What transferable knowledge/lesson learned, would you anticipate to be able to share with the Faculty of Dental Surgery, after the completion of your research? (150 words) | | | |
| Do you have Ethical Approval?□ Yes □ No  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 of your proposed research  Breakdown of anticipated costs  Do you have funding for this project from any other source? □ Yes □ No  If Yes, please specify  Applicants who have applied for support from other organisations will not be disqualified from consideration for the T C White Researcher Grant   |  | | --- | | Please send the following along with this application:  □ Completed Dental Award Peer Reference – (see Appendix A at the end of this form)  □ Letter of support from supervisor, applicable to your project (dated within the last 12 months)  □ Ethical approval (if applicable)  □ Tick to confirm you have looked and meet the eligibility criteria  **Closing date for applications: 30 April. Applicants will be advised of the outcome by 31st July.**  PLEASE. NOTE: If your application is successful, the College will award an upfront payment of half of the funding awarded. The balance will be awarded on receipt of an Interim Report, which should be submitted to the College at a time to be agreed. On completion of the project, a Final Report must be submitted within 6 weeks of the completed project. If your application is successful, the award must be taken up within 2 years. In addition to providing a final report, we ask winners to present a 5-minute multi-media presentation on the benefits of the award. | | | |
| 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 ask award winners to provide a photo, biography and social media links for promotion activities.  □ I do not give permission for my application, or my work, to be published.  Signature: ………………………………………………………………………………….. Date ……………………………………………… | | |

**Please return the completed application form with enclosures to:**

e-mail: [**membership@rcpsg.ac.uk**](mailto:membership@rcpsg.ac.uk)

or by Post to:

Membership Team, Royal College of Physicians and Surgeons of Glasgow

232 - 242 St Vincent Street, Glasgow, G2 5RJ

Tel: +44 (0)141 221 6072

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

Appendix A

**Dental Awards Supervisor/Peer 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(if relevant):** | |  |
| **Surname:** | | | |
| **Forename(s):** | | | |
| **Type of reference (please indicate): Supervisor for project: Yes/No Peer reference only: Yes/No** | | | |
| **SECTION 2 WHO IS THE REFERENCE FOR** | | | |
| **Title (please circle): Mr / Mrs / Ms / Miss**  **Other** \_\_\_\_\_\_\_ | | **PID(if known):** | |
| **Surname:** | | **Award applied for:** | |
| **Forename(s):** | | | |

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| **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:**