**BMFMS Research Bursary**

**APPLICATION FORM**

Please note the closing date is 1st December 2024 at 10am. Please send completed applications to srafferty@rcog.org.uk. If you have any queries please contact us on the email address above or on 020 7772 6211

**Please type or write in ink and block capitals**

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| **Part 1: Researcher Details** |
| **Principal Applicant**  |  |
| **Current position (state clinical or academic and whether full or part time)** |  |
| **Organisation and Correspondence Address** |  |
| **Contact email** |  |
| **Contact telephone number**  |  |
| **Additional attachment** | CV (no more than 2 pages) including 2 most recent publications and 2 additional selected publications related to fetal or maternal care |
| **Name of Collaborators****Current position and Address** | Please state whether an agreement for collaboration has been reached, and if so, attach evidence. |

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| **Part 2: Project Details** |
| **Title of project**  |  |
| **Type of project (research/audit, fellowship)** |  |
| **Project start date** |  |
| **Details of existing funding** |  |
| I certify that the above application is for my own project and will not be claimed from another body. I certify that I am a fully paid-up member of BMFMS.**Signed:****Date:** Please note: an electronic/typed signature is acceptable if the form is received from the NHS or academic email account of the applicant. |
| **Lay Summary:** (Write a clear and concise project description including background, significance, justification of work and methodology. **Max 500words**) |
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| **Aims and objectives:** (Clearly state the primary aims and objectives of the project. **Max 500 words)** |
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| **Timescale of project:** (show a timeline of your research programme, which demonstrates timescales from release of funding to start of research and subsequent publication of research. This may be done so in the form of an attached Gantt chart. Please state whether Ethics Approval has been granted or applied for, and if so, attach evidence). |
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| **Future Plans/ Project Impact:** (Briefly describe the potential impact of your research and how dissemination and implementation of your findings will be undertaken) **(Max 500 words)** |
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| **Part 4: Project Plans** |
| **Please specify what the funds will pay for, how the money will be used and how this relates to the other funding that is available for the project (if any). Confirm if you wish to use this research to apply for a larger project for another funder. (Max 500 words)** |
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| Costs of project |  |
| Salary (name staff) |  |
| Materials and Consumables(please provide a breakdown) |  |
| Other Expenses – please detail |  |
| Total |  |
| Date of project:  | From: To:  |

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| **Part 5: Any other relevant information (Max 500 words)** |
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| **Part 6: Office Use only** |
| **Date application received** |  | **Membership Number** |  |
| **Email receipt to the applicant** |  | **Membership Number** |  |