The Tuberous Sclerosis Association (TSA)

APPLICATION FORM

**PLEASE ENSURE YOU HAVE READ THE GUIDANCE NOTES FOR APPLICANTS DOCUMENT THOROUGHLY BEFORE COMPLETING THIS FORM**

**Please complete all sections of this application form.**

**For most questions, you can expand the boxes to include more information.**

**Please keep the application form as one whole document as it stands, rather than inserting supplementary enclosures in the middle of the form. These should be included as separate files.**

**Please see section 13 for electronic submission and mailing instructions.**

1. **TYPE AND TITLE OF PROJECT**

|  |  |
| --- | --- |
| * 1. What type of award is being sought?
 | PHD STUDENTSHIPFELLOWSHIP AWARDPROJECT GRANT |

1.2 Full project title

|  |
| --- |
|  |

* 1. Short project title

|  |
| --- |
|  |

1. **APPLICANT**

|  |  |
| --- | --- |
| 2.1 Title: Prof/Dr/Mr/Mrs/Ms/Miss | 2.2 Name: |
| 2.3 Post held: |
| 2.4 Email address: | 2.5 Telephone: |
| 2.6 Address: |

**3.** **ADDRESS WHERE RESEARCH WILL BE CONDUCTED**

|  |  |
| --- | --- |
| 3.1 Institution: | 3.2 Department: |
| 3.3 Address: |
| 3.4 Telephone number: | 3.5 Fax number: |

**4**. **STUDY DURATION**

|  |  |
| --- | --- |
| 4.1 Proposed duration: | 4.2 Proposed start date: |

**5.** **SHORT ABSTRACT OF RESEARCH PROPOSAL**

|  |
| --- |
|  |

**6. LAY SUMMARY**

**7. PROJECT STAFFING**

7.1 Extent of applicants engagement

|  |
| --- |
|  |

7.2 Please list all others involved in the project.

|  |  |
| --- | --- |
| Name | Role in proposed project |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**8. REGULATORY APPROVAL**

|  |  |
| --- | --- |
| 8.1 If relevant, has ethical or other regulatory approval been sought/granted for this proposal?  | YESNON/A |

8.2

|  |  |
| --- | --- |
| 8.3 Does the proposed project involve the use of live animals (either protected by UK law or not) | YESNO |

**9**. **FINANCIAL SUPPORT REQUIRED**

9.1

|  |
| --- |
|  |

9.2 Summary of resources sought as part of this award:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SALARIES** |  |  |  |  |
| Name / grade  | Year One | Year Two | Year Three |
|  | £ | £ | £ |
|  | £ | £ | £ |
|  | £ | £ | £ |
|  | £ | £ | £ |
| **ONCOSTS** |
| % Direct on-costs for NI/ superannuation | Year One | Year Two | Year Three |
| £ | £ | £ |
| **TOTAL SALARY COSTS** |
| Total salaries (including on-costs) for all staff to be funded | Year One | Year Two | Year Three |
| £ | £ | £ |
| **NON-SALARY COSTS** |
| Consumables | Year One | Year Two | Year Three |
|  | £ | £ | £ |
|  | £ | £ | £ |
| Total consumables | £ | £ | £ |
| Apparatus | Year One | Year Two | Year Three |
|  | £ | £ | £ |
|  | £ | £ | £ |
| Total apparatus | £ | £ | £ |
| Travel and conferences | Year One | Year Two | Year Three |
|  | £ | £ | £ |
|  | £ | £ | £ |
| Total travel and conferences | £ | £ | £ |
|  |
| TOTAL ANNUAL PROJECT COSTS |
| (Salary and non-salary costs) | Year One | Year Two | Year Three |
| £ | £ | £ |
| OVERALL PROJECT TOTAL |
| Total cost for the whole project  | £ |

**10. OTHER SOURCES OF FUNDING**

|  |  |
| --- | --- |
| 10.1 Is this proposal receiving confirmed funding from another source/s | YES/NO |
| 10.2 If yes, please provide details below.  |
|  |

|  |  |
| --- | --- |
| 10.3 Other than that mentioned in 10.1 and 10.2, have you applied for funding for this application from other sources? | YES/NO |
| 10.4 If yes, please provide details below.  |
|  |

**11. DECLARATION TO BE COMPLETED BY APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Please initial |
| I confirm that the information included in this application is accurate at the time of the application, but costs may be subject to revision for pay and price rises. If these are notified before a decision has been reached on this application, I agree to inform the Tuberous Sclerosis Association immediately.  |  |
| I have read *‘TSA’s T&Cs’’ document* and agree to the Tuberous Sclerosis Association's requirements. I understand that these T&Cs will form the basis on the contract between the TSA and my institution. |  |
| I confirm also that this application has been seen by the Head of the Department of my academic institution and that if granted the work will be accommodated and administered in the Department. |  |
| Signature |  |
| Name: | Date: |

**12. CHECKLIST FOR APPLICANTS**

|  |  |
| --- | --- |
|  | Please initial |
| * Check all relevant sections of the form are complete
 |  |
| * Include full scientific proposal/protocol for the study
 |  |
| * Include relevant ethical or other regulatory approval letters
 |  |
| * Include all CV for applicants of those already identified as working on the project
 |  |
| * If applicable, complete and include the ‘U*se of Animals Questionnaire'*
 |  |

**13. ELECTRONIC SUBMISSION**

Please send both a Word version and a signed PDF copy of the application form to:

### **research@tuberous-sclerosis.org**

All accompanying documents must be sent as PDF files.

Electronic applications should be received no later than: **DD/MM/YY**

Please send signed, hard copies of this form (and all accompanying documents) to:

### Bethan Vaughan, Research and Evidence Officer, The Tuberous Sclerosis Association, Unit 56, Containerville, 1 Emma Street, London, E2 9FP.

Hard copies should be received no later than: **DD/MM/YYYY**

### If you have any queries or concerns, or if you need any further information or guidance, please contact Bethan Vaughan, Research and Evidence Officer, by emailing bethan.vaughan@tuberous-sclerosis.org