Please refer to the accompanying guidelines before completing this form. Before submitting your form, please ensure you have completed everything on the checklist at the end. This form and guidelines can be downloaded from [https://www.bsgct.org/undergraduates](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bsgct.org%2Fundergraduates&data=05%7C01%7CTeijeiraCrespoA%40cardiff.ac.uk%7C58224a92cc804005078408db05ce7607%7Cbdb74b3095684856bdbf06759778fcbc%7C1%7C0%7C638110156892627244%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FPodC1DCt21kq9g9%2BoIOgdVpmAJ1OZQrKIrYULh7JhA%3D&reserved=0).

All pages should be completed and returned electronically to board@bsgct.org quoting **URB 2023** in the email heading by the **closing deadline on Thursday 25th April 2024 by 5pm**.

Please include all relevant information on the form itself – additional papers/incomplete applications are not accepted.

Please **do not** post applications. All applications will be acknowledged by 5pm on Thursday 25th April by 5pm - we are unable to respond to enquiries about submitted applications before then. **If you have not received an email acknowledgement from us by 5pm on this date you should contact us on:** board@bsgct.org**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Title, First Name & Surname of **Supervisor**: |       |  |

|  |  |  |
| --- | --- | --- |
| **2** | Position of Supervisor: |       |

|  |  |
| --- | --- |
| **3** | Full Address with Post Code of **Department and Institution** (for correspondence about the application): |
|  |       | Tel no: |       |
|  | E-mail: |       |
|  |  |  |

|  |  |
| --- | --- |
| **4** | Name of **Student**:      |
|  |  |  | Age on January 2024: |       |  |

|  |  |
| --- | --- |
| **5** | Title of Research (max 20 words): |
|  |       |

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| --- | --- |
| **6** | Brief summary of the research project for lay readers (max 200 words): |
|  |       |

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| --- | --- | --- | --- | --- |
| **7** | Start date of project: |       | End date of project: |       |

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| --- | --- | --- | --- |
| **8** | Financial Details – Support for student£250 per week (minimum 6 weeks – maximum 8 weeks) | Number ofweeks –please state |       |

|  |  |  |
| --- | --- | --- |
| **9** | Total Student Support requested: (not exceeding £2,000) **£** |       |
|  |  |

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| --- | --- |
|  | **STUDENT INFORMATION –** To be completed by the named undergraduate student |
| **10** | Do not exceed 2 pages.**STUDENT’S SUPPORTING INFORMATION***(NB. Please ensure you answer each question thoroughly as additional CVs are not accepted)* |
|  | a) Name, age, contact address      b) Institution, Degree course, year of graduation     c) GCSE, GNVQ, ‘A’ Level or Standard and Higher level results or equivalent     d) University exam results to date     e) Career aspirations     f) Have you previously been awarded a BSGCT undergraduate research bursary or other vacation scholarship? (Preference will be given to host supervisors who have not previously been awarded a BSGCT URB)     g) Will this work contribute directly to your degree? (eg. is this part of your final project; will you receive a mark which will contribute to your degree from this project?)     h) Why you would like to be considered for a research bursary and in particular why you have chosen this project and research group.     i) Any other information      |
|  | I accept the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy (signature may be scanned). |
|  | Student’s Signature: |
|  |  |  |  |       |

**TUTOR’S STATEMENT** – Brief details of the student for who support is requested

|  |  |  |
| --- | --- | --- |
| **11** | Name of Student: |       |
|  |  |  | Age on January 2024: |       |

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| --- | --- | --- | --- | --- |
| **12** | Institution: |       | Degree Course: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13** | Confirm that student is in penultimate year (eg. 2/3 or 3/4) |       | Year of Graduation: |       |
|  |  |  |  |  |
|  **14** | Supporting statement from the student’s academic tutor (who should **not** be the research supervisor applying). This should include :* How you feel they would benefit from receiving a grant
* A comment on the student’s academic performance to date
* Their likely final degree result or rank order in course group or current overall mark (please ensure you indicate how these relate to degree classifications).
 |
|  |       |
|  | Tutor’s Name: |       | Position: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Tutor’s Signature (may be scanned): |       | Date: |       |

**RESEARCH SUPERVISOR –** To be completed by the primary grant applicant (host supervisor)

|  |  |  |  |
| --- | --- | --- | --- |
| **15** | Are you applying for other funds for this student or project? | YES/NO: |       |
|  |  |  |  |
| **16** | If yes, please give details and when the result is expected: |       |
| **17** | How many years’ experience do you have as an independent researcher?**PLEASE INDICATE IF YOU ARE A POST-DOCTORAL RESEARCHER OR RECENTLY APPOINTED LECTURER** |       |

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| **18** | I accept the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy |
|  | **Research Supervisor’s Signature**: |       | Date: |       |
|  |  |  |  |  |
| **19** | For information only, from what source did you learn about these awards? |       |
|  |  |
| **20** | **Statement of the research to be carried out****The statement should be limited to pages 6 and 7 of the form and should not be more than 700 words** |
|  | a) Description of the project to be carried out. Please include title, brief background, the aims of the project and details of the investigation to be carried out and the methods to be used. You can also include any details of funds available to support the research expenses for the project and if any external facilities are required. Up to three recent literature references may also be given, but please do **not** send reprints.b) Please give more details about the role of the student in this project, including what arrangements will be made to supervise the student, an approximate timetable for them and what objectives you hope will be achieved in the period of the grant.       |

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| **20** | Key words (up to 6): |
|  |       |

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| **21** | **Subject Area** – Please indicate which subject the proposed project best fits (you can select more than one option) |
|  | Non-viral gene therapy | ☐ | Stem cells | ☐ | Cancer and oncolytics | ☐ | Monogenic and hereditary disease | ☐ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Viral gene therapy  | ☐ | Immunotherapy | ☐ | Cardiovascular/ocular disease | ☐ | Vectorology/ Genetic vaccines | ☐ |

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| **22** | Have you previously been awarded BSGCT or other undergraduate research bursaries? | YES / NO |       |
|  | If yes, please give the year, career track of the bursar and any use of the bursary results e.g. in publications, grant applications or further research: |
|  |       |

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| **23** | For research involving ***human participants*** (See Conditions of Award 3a) |
|  | Are ethical issues raised by this research? | YES / NO |       |
|  | Have they been discussed in this application? | YES / NO |       |
|  | Has this application received independent ethical scrutiny? | YES / NO |       |
|  |  |  |  |
| **24** | For research involving ***human material, patients or personal information*** (See Conditions of Award 3b) |
|  | Nature of the human material / information |       |
|  | Has the research received appropriate Research Ethics Committee approval? | YES / NO |       |
|  | Name of the Committee: |       |
|  | Date of Approval:  |       |
|  |  |  |
| **25** | Does the proposed research involve the use of ***protected animals*** in regulated procedures under the Animals (Scientific Procedures) Act 1986?  | YES / NO |       |
|  | If so – what species and how many animals? |       |
|  | Are any of the procedures of substantial severity? | YES / NO |       |
|  | Project licence number covering the work proposed: |       |
|  | Project licence expiry date: |       |

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| **26** | **TO THE HEAD OF DEPARTMENT** |
|  | The Trustees will not normally award more than **two** bursaries to an individual department or subject area within a multi-disciplinary department or school. Please bear in mind that this is a national scheme with a limited number of bursaries.**Heads of Department are asked to ensure**:1. the project and the roles of the student and supervisor are clearly described and can be supported by the facilities of the host department;
2. that only one application is submitted per supervisor;
3. that if multiple applications are submitted by a multi-disciplinary department or school they are from different subject areas. Please bear in mind that this is a national scheme with a limited number of bursaries.
4. Adequate insurance cover will be provided for students during their placement.

This application is made with my support.The investigation complies with this Institution’s safety and ethical regulations. If ethical issues are raised by the proposal they will receive independent ethical scrutiny before the work is carried out and the institution will accept responsibility for the ethical conduct of the research.The Institution will administer the bursary, if awarded by the BSGCT, and will ensure that the requirements of all relevant regulatory authorities will be met before the work commences.The Institution accepts the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy. |
| **27** | Please type name of Head of Department:(signing on behalf of the Institution) |       |
|  | Head of Department’s signature **(can be scanned)**: |  | Date: |       |
| **28** | If the application is successful, a cheque will be made payable to the Institution and sent direct to the Research Supervisor who should ensure it goes to the appropriate Finance Office. |
|  | Please give the Institution’s full payee name (as will appear on the cheque): |       |

**Before sending in this form, please check that:**

|  |  |
| --- | --- |
| The **Head of Department** has signed the **top copy** of the form (p9)  | ☐ |
| The **student** (p2), student’s **tutor** (p4), and research **supervisor** (p5) have signed or scanned in their signature to the **top copy** of the form | ☐ |
| Please email a Word doc or pdf of the form to board@bsgct.org by the closing date, Monday 3rd April 2023 at 5pm. | ☐ |