

**ANATOMY RESEARCH DEVELOPMENT AWARD**

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| **APPLICATION FORM 2023/24** |
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| **CHECK LIST** |
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| BEFORE submitting this form **E-MAIL ONLY by midnight 31st December 2023** to: Dr Joanna Matthan, Honorary Secretary (c/o Mary-Anne Piggott at the Anatomical Society Office, Department of Anatomy and Human Sciences, King’s College (Guy’s Campus), Room HB4.2N Hodgkin Building, London SE1 1UL), you must:   * Read the Information and Conditions Document * Check that you are eligible to apply (Please refer to the Information and Conditions Document Section 1(a)) * Use an Arial Font size 11 when completing the application form * Adhere to the stated word limits in each section * Ensure that any images and or diagrams included in the sections are legible * Declare any conflicts of interest (e.g. collaborator(s) being current members of the Anatomical Society Council) * Include all required supporting documentation (e.g. letters from collaborators). * Obtain all required signatures   NB: Covering letters, appendices or additional information will **not** be considered.  If you have any queries, please contact [maryanne.piggott@kcl.ac.uk](mailto:maryanne.piggott@kcl.ac.uk) in the first instance.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | I consent to the data included in this submission being collected, processed and stored by the Anatomical Society in accordance with The General Data Protection Regulation (GDPR) and data protection legislation and best practice. | Yes |  | No |  | Please tick *one* box | |
| **SECTIONS** |
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| 1. **TITLE OF THE PROJECT** |
| 1. **PERSONAL DETAILS AND ELIGIBILITY OF THE APPLICANT** |
| 1. **VALUE TO THE SOCIETY (Scored out of 20)** |
| 1. **DESCRIPTION OF THE PROJECT AND DETAILS ABOUT ANY COLLABORATORS (Scored out of 50)** |
| 1. **HOW THIS PROJECT WILL DEVELOP THE APPLICANT’S RESEARCH CAREER (Scored out of 30)** |
| 1. **CONFIRMATION OF ACCEPTANCE OF CONDITIONS** |
| 1. **DECLARATION OF INTERESTS** |
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| **SECTION 1 TITLE OF THE PROJECT** |
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| Title: |
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| **SECTION 2 PERSONAL DETAILS AND ELIGIBILITY OF THE APPLICANT** |
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| Name of applicant: |
| Title: |
| Surname: |
| Forenames: |
|  |
| Current post and date of appointment: |
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| Tenure: Please provide information on the duration and nature of your contract: |
| AS Membership No: |
| *Please note that the applicant must be a fully paid up member of the Anatomical Society who has been elected to membership by Council for at least one year.* |
| Qualifications: |
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| Address: |
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| Postcode: |
| Telephone: |
| E-Mail: |
| Twitter Handle*\* optional*: |
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| **SECTION 3 VALUE TO THE SOCIETY** |
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| Information provided in this section is evaluated by members of the Research Advisory Committee of the Anatomical Society (RAC) and marked out of 20. |
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| 1. Selected publications of applicant up to a maximum of five published in the *Journal of Anatomy* or *Aging Cell*\*.   Selected publications in other journals up to a maximum of 5.  *\*such a high number of publications in the Society journals is not necessarily expected of early career investigators* |
| 1. Society PhD studentships or Undergraduate Summer Vacation Research Scholarships supervised by the Applicant.   *Please provide documentary evidence.* |
| 3. Attendance and presentations at Society meetings by the applicant.  *(Please give details of Society meetings attended within the last three years and list any presentations or posters given by you or by any AS studentship or scholarship holder that you may have supervised in this period).* |
| 4. Please provide details of any other activities of the Society in which you have been involved in the last three years, for instance outreach activities, organising meetings, Society Committees, etc. |
| 5. Please provide a statement describing the significance of the research proposal in benefitting anatomical sciences research and promoting the interests of the Society (up to 200 words). |
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| **SECTION 4 DESCRIPTION OF THE PROJECT AND DETAILS ABOUT ANY COLLABORATORS** |
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| Information provided in this section is evaluated by members of the RAC and marked out of 50. |
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| 1. Project objectives including timeline (up to 300 words). |
| 2. Background to the project (up to 500 words). |
| 3. Strategy and methods (up to 500 words). |
| 4. Finances: sum requested, budget details and costs justification (300 words). |
| 4. References and supporting papers (if any papers are “in press”, please enclose abstract in the first instance). Up to a maximum of 10 papers, including those cited in section 3, part 1, may be cited in support of the project. |
| 5. Research infrastructure available to support the project (up to 100 words). |
| 6. Collaboration (if the project requires involvement of a collaborator(s), please provide a supporting letter from each collaborator named confirming willingness to collaborate for the duration of the project. Provide brief details of the nature of the collaboration and how it will contribute to the project (up to 200 words). |
| 7. Where appropriate, provide details of any ethical, Home Office Animal Licence or Human Tissue Act approvals required for this project. |
| **SECTION 5 HOW THIS PROJECT WILL DEVELOP THE APPLICANT’S RESEARCH CAREER** |
| Information provided in this section is evaluated by members of the RAC and marked out of 30. |
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| |  | | --- | | 1. Describe how successful completion of this project will augment the applicant’s current or future research activities (300 words). | | 1. How will the project develop the applicant’s career (200 words). | |
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| **SECTION 6 CONFIRMATION OF ACCEPTANCE OF CONDITIONS** |
| The applicant has read and understood the conditions of the award and confirms acceptance of the award |
| Signature of Applicant:  Date: |
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| Signature(s) of Collaborator(s) (if any):  Date: |
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| Declaration by Head of Department/School/Institute in which the awardee is to be hosted: |
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| *I confirm that if the applicant is awarded this grant, laboratory accommodation and facilities and appropriate funding for research expenses incurred above the limit funded by the Society\* will be available to the awardee.* |
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| Signature of Head of Department/School/Institute: |
| Name of Head of Department/School/Institute (please print): |
|  |
| Date: |
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| **SECTION 7 DECLARATION OF CONFLICTS OF INTERESTS** |
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| I confirm that any conflicts of interest arising in relation to this application have been detailed below (e.g. applicants or collaborators being current members of the Anatomical Society Council or connected in any way) |
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| Declaration by Applicant  Conflict(s) of interest: (if none please state none)  Signature:  Date: |
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| Declaration of Collaborator 1 (if any)  Conflict(s) of Interest: (if none please state none)  Signature:  Date: |
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| Declaration of Collaborator 2 (if any)  Conflict(s) of Interest: (if none please state none)  Signature:  Date: |

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