# Section 1: Application summary details

### Application type

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary support only** |  | **Salary support and Springboard Award\*** |  |

\*if selected, please complete a separate career development springboard award application form

### Applicant details

|  |  |  |
| --- | --- | --- |
| **Applicant name** | |  |
| **Department/clinical service** | |  |
| **Current supervisor/manager** | |  |
| **Sponsor name [1]** |  | |
| **Sponsor name [2]** |  | |
| **Mentor name** |  | |

### Proposal summary details

|  |  |  |
| --- | --- | --- |
| **Programme title** [20 words] |  | |
| **Host institution** | **Moorfields Eye Hospital [MEH]** |  |
| **UCL Institute of Ophthalmology [IoO]** |  |
| **Sponsor institution** |  | |
| **Estimated salary support budget total** | **£** | |
| **Estimated Springboard Award budget (if applicable)** | **£** | |
| **Start date** [dd/mm/yyyy] |  | |

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# Section 2: Classification of research programme

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| **Plain English summary** . Use each of the three headings to provide a summary of the proposal that would be understandable to the general public.   * **The challenge:** this should very simply explain what the project is looking at – the area of work, why it needs to be done and the key questions being posed. * **Finding a solution:** without using technical terms, explain what methods will be used to tackle the questions being posed. * **The potential:** what is the bigger picture – what change or new knowledge will there be – why is this work worth doing for the wider research community, patients, society   **This entire section should not exceed 350 words** |
| **The challenge**  **Finding a solution**  **The potential** |

### Primary areas of work

|  |  |  |  |
| --- | --- | --- | --- |
| Adnexal/extra-ocular |  | Macular degeneration (excluding AMD) |  |
| Age related macular degeneration |  | Neuro-ophthalmology/optic neuropathies |  |
| Corneal/ocular surface disease |  | Ocular cancer |  |
| Diabetic retinopathy |  | Paediatrics |  |
| Genetics/inherited eye disorders |  | Ocular inflammatory diseases |  |
| Glaucoma |  | Ocular motility/visual processing |  |
| Lens/cataract |  | Retinal/vitreo-retinal |  |
|  | | | |
| Community health |  | Patient experience |  |
| Service improvement |  | Public/patient engagement |  |
| Clinical audit/case report |  | Public/patient involvement |  |
| Education/training |  | Staff welfare/support |  |

### Category of work [select one area only]

|  |  |
| --- | --- |
| Pre-clinical/basic research |  |
| Translational research/proof of concept to phase IIa trials |  |
| Post phase IIa trials |  |
| Other (e.g. cross-over, patient welfare, healthcare services) |  |

### IoO-MEH joint research themes [select at least one]

|  |  |
| --- | --- |
| Development, aging and disease |  |
| Rescue, repair and regeneration |  |
| Visual assessment and integrative epidemiology |  |

**Research themes [if applicable]**

|  |  |
| --- | --- |
| Informatics |  |
| Imaging |  |
| Genomic medicine |  |

|  |
| --- |
| **Strategic fit statement** [300 words max] |
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| --- |
| **Impact and outcomes statement** [300 words max] |
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# Section 3: Overview of application

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| **Provide detail on how the award would support and enable a move to the next level in your research career** (1000 words) |
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| --- | --- | --- | --- |
| **Detail plans for seeking subsequent external funding support** | | | |
| **Funding body** | **Scheme name** | **Full application deadline** | **Estimated decision date** |
|  |  |  |  |
|  |  |  |  |
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# Section 4-5: Not required until full application

# Section 6(A): Applicant CV [2 pages maximum]

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| --- | --- | --- | --- |
| **Applicant** | |  | |
| **Current post(s)** | |  | |
| **Current salary source(s)** | |  | |
| **Contract end date** | |  | |
| **Email address** | |  | |
| **Time spent on research** |  | **Time spent on this grant** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previously held posts** *(most recent first, maximum 3 entries)* | | | |
| Date from | Date to | Position | Organisation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and training** *(most recent first, maximum 3 entries)* | | | |
| Date awarded | Qualification | Subject | Organisation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Awarded grants and previous applications to Moorfields Eye Charity** |
|  |

|  |
| --- |
| **Awarded grants from other funders** [Note 10] |
|  |

|  |  |
| --- | --- |
| **ORCID ID** [Note 11] |  |
| **Publications** [Note 12] | |
|  | |

# Section 6(b): Additional CV information

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| --- |
| **Summary of research/scientific career to date** including key achievements, recognitions, and any other relevant career experience. This question allows the opportunity to expand on your **achievements that are not listed elsewhere** in the application. |
|  |

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| --- |
| **Provide details of up to three of your publications, which you consider the most significant or relevant to the application.**  Please explain your selection and highlight your role within each study. |
|  |

|  |
| --- |
| **What new collaborations do you intend to develop/expand during the time of this grant?** |
|  |

|  |
| --- |
| **New techniques, skills and career development training plans.** Provide details of any training courses, skill development specifically needed to achieve the research outlined and to enhance and expand more general career development skills. |
|  |

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| **Where appropriate, how does your research, outlined in this application, fit within that of your current supervisor/group’s work.** |
|  |

# For medical, nursing, optometry or allied health professionals

### Training status

|  |  |
| --- | --- |
| Please indicate whether you are a **medical, nursing or** **allied health graduate** |  |
| Please describe what, if any, the clinical duties that are essential **for the delivery of the proposed research** and the number of hours per week that will be spent undertaking these. | |
|  | |
| Where (clinic, site) will this research clinical work be based? |  |
| **Routine clinical activity**  clinical sessions which involve routine patient lists and are not part of recruitment to your research project etc) | |
| Please state the number of hours per week that will be spent on ‘routine’ clinical work or that is needed for further training requirements |  |
| Please provide details of what these ‘routine’ clinical duties will involve | |
|  | |
| Where (clinic, site) will this routine clinical work be based? |  |
| Do you have confirmation from the institution that you will be on the clinical service profile (rota) and scheduled to see patients? |  |
| **Clinical contract and training** |  |
| What level of clinical contract do you currently hold? |  |
| Please state your chosen clinical speciality, if relevant and known. |  |
| What progress, if any, has been made towards accreditation in your chosen speciality? |  |
| What level of clinical contract will be sought during this award? |  |

### Professional body registration

|  |  |
| --- | --- |
| Please state which regulatory body or council you are registered with |  |
| Please give your General Medical Council (GMC) number or the relevant registration number for your profession if an allied health professional |  |
| Do you have a National Training Number? |  |
| What is your current stage of clinical training? |  |
| Do you hold a certificate of completion of training (CCT)? | **Yes / No** |
| If **yes**, please state date awarded |  |