

## 2025 Call for Research Training Fellowships in Child Health

## **Outline proposal form**

Please note that only one application is allowed per fellowship candidate and supervisor each grant round.

Please read the call information for research training fellowship applications on our website.

Please read the 'How to save a Microsoft Form' document on the Action website to ensure you can save this form and return at a later time to edit it. If you are copy and pasting text check **all** the text has copied correctly.

Responses that do not adhere to word limits may not be processed - please ensure you check word limits per question. There are some mandatory questions without which the form cannot be submitted (marked as \*). Special characters are not recognised.

The deadline for the call is 2 July 2024 at 5pm after which you will not be able to start or edit the online proposal form

Questions regarding the form and grant round should be directed to Action Medical Research by contacting <a href="mailto:applications@action.org.uk">applications@action.org.uk</a>

Further details about Action are available on our website at www.action.org.uk

Our privacy policy can be accessed at this link: <a href="https://action.org.uk/about-us/policies/privacy-policy">https://action.org.uk/about-us/policies/privacy-policy</a>

Req	uired
1.	Title *
2.	First and middle names *
3.	Surname *
4.	Department *
5.	Institution *

Contact address *
Email address *
For all communication, please ensure it is correct
Telephone number
Current position * Please include current ST level
Details of main fellowship supervisor
Supervisors must be employed in UK based hospitals, universities or research institutes. Those involved in the project outside the UK can be named as co-supervisors.
Please list full title, all initials, surname, department, institution and email address.
Co-supervisors Please list full titles, all initials, surnames, departments, institutions and email addresses.
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Collaborators
If relevant, please give the names of any researchers and their research institutes and/or subcontractors or patient representatives that are not named as applicants but would be collaborating (or providing services) on the project. Collaborators may be based outside the UK.
I have read the call information for Research Training Fellowship applications
○ Yes
○ No
Title of project *
Maximum 25 words

Length of project *
In full months (24-36 months)
The value must be a number
The value must be a number
Estimated total cost to the sharity *
Estimated total cost to the charity *  Please do not include full economic costings. The charity will not cover any indirect costs such as administrative
or other overheads (for example depreciation or maintenance costs).
The value must be a number
Estimated salary total for fellow
Please give total salary costs to the charity before tax (gross salary) for the whole project including employer
costs of National Insurance, pension and London weighting (if applicable).
The value must be a number
Estimated consumables total
Enter 0 if no consumable costs requested
The value must be a number
Briefly describe the aims of this project using non-technical terminology
Maximum 250 words. Please note that this section may be seen by non-scientists.
·
Are you eligible to apply for a joint fellowship with BPNA? *
Check eligibility details in call information. Please ensure you have completed a pre-outline questionnaire (https://action.org.uk/sites/default/files/2024-04/Action-Medical-Research-BPNA-Fellowship-Pre-Outline-
questionnaire-2025.pdf) at least three weeks before the outline deadline.
Yes
○ No
Printly describe how this project tits the remit of Action Medical Describe (and if
Briefly describe how this project fits the remit of Action Medical Research (and, if
applicable, the remit of the BPNA) including the background to the project, the clinical

	Maximum 300 words
,	Outline your proposed research plan: 1. Study aims
	Maximum 300 words. You should describe the hypothesis to be tested and what individual questions are you
	joing to ask to prove that hypothesis?
	Outline your proposed research plan: 2. Methodology
	Maximum 500 words You should describe the methods of research to be used. The study design should be
	lescribed in sufficient detail for our advisors to understand what is proposed. Please see assessment criteria in all document for what should be considered.
	f this is a clinical study, and if appropriate, have you approached, or do you plan to
	pproach, the relevant NIHR Clinical Research Network to help with the design of this
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28.	Will you be registering independently for a PhD?
	( ) Yes
	○ No
	Other
	Office of the second of the se
29.	Have you applied to the charity or co-funder with this or a related application before?
	Yes
	○ No
30.	If yes, please give the reference number (for a full application) or state if this was an outline application and give brief reasons for the resubmission.
31.	Do you or your supervisors have any grants from Action Medical Research that are
	currently active?
	Yes
	○ No
32	If yes, please give the reference number(s) of any active grants from Action Medical
JL.	Research or co-funders
33.	CV SECTION - This part of the form constitutes a standardised CV
	Professional Qualifications
	Most recent first. Include year, qualification, subject and awarding institution/body
	Education  Include years qualification subject and awarding institution/hody.
	Include years, qualification, subject and awarding institution/body

	<b>Research experience</b> Provide a short summary of your research experience to date. Maximum 250 words.
7.	Awards and prizes
3. 1	Publications
). (	Oral presentations and posters

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