**UKAgeNet Dunhill Medical Trust Discipline Hopping Scheme for Ageing Research**

**Application Form**

***Completed forms must be submitted to ukagenet@sheffield.ac.uk by 5pm on 4th November 2024. Please refer to and read in full the accompanying Guidance Document when completing this form.***

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| **About the project and lead applicants:**  |
| **Title of project/activity:**  |  |
| **Names of academic or senior collaborator/s in the home Institution and email address:**  |  |
| **Names of academic or senior collaborator/s in the host Institution and email address:**  |  |

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| **About the ECR discipline hopper:**  |
| **Name of PhD student:**  |  |
| **Confirmation that PhD student discipline hopper is either:**  | * A member of the Dunhill Academy Trust
 | * Connected to a member of the UKAgeNet network
 |
| **Name of the Institution department and address** |  |
| **ECR email:**  |  |

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| **Project Details - no more than 800 words** |
| **Please include the following which are the criteria that the panel will rank applications on:** * A summary of your project proposal (demonstrating feasibility and quality)
* Alignment to one or more of the key challenge areas (understanding ageing; treatment and prevention of age-related disease; developing evidence-led services, products and interventions that improve our experience of later life).
* The proposed benefit to the future development and career of the ECR
* The sustainability and potential impact of the new partnership
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**Outline of expenses**

Use the table below to outline expenses:

|  |  |  |
| --- | --- | --- |
| **Type of expense** | **Amount** | **Description** |
| Travel |  | *For example, number of trips and destination.*  |
| Consumables |  | *For example, laboratory consumables, venue hire, transcription costs.* |
| Salary costs |  | *To cover salary of Phd student during the award* |
| Any additional matching funding |  | *If any of the collaborating institution contributes to cover the expenses of the placement*  |

**Approval signatures**

*Please obtain signatures from the following application approvers to indicate that both the home and the host Institutions can support the proposed activity and will put in place the appropriate HR and induction procedures to ensure the safety of the ECR discipline hopper.*

**PhD student Discipline Hopper:**  Name:

 Signature:

**Academic Supervisor of ECR:**  Name:

 Signature:

**Host Academic:**  Name:

 Signature:

**Head of Host Organisational Unit:**  Name:

 Signature: