**Application for a Cystic Fibrosis Trust Summer Studentship**

Applicants are invited to apply for a summer studentship, to take place in the summer vacation period, for a maximum of eight weeks, on a cystic fibrosis-related project.

Applications will be open to **medical students** between their second and penultimate year, and **basic science students** in their final two years of study.

**The award will comprise of:**

* a stipend of £1,400 for living expenses,
* £100 for consumables (including poster printing costs), and
* expenses for attending the next UK Cystic Fibrosis.

**Please note: It is a requirement for students to attend and present their work, in the form of a poster, at the next in-person UK Cystic Fibrosis Conference.**

**Please indicate below which is applicable to you**   
(further information will be required below)

Medical student

Basic Science student

There should only be **ONE** application per candidate and/or per project supervisor.

In addition, each institution is restricted to three applications, to be prioritized as first, second and   
third choice.

If more than one application is being submitted from the same Institution, please specify the level of priority for this particular application

First

Second

Third

Please do not send any additional material. Receipt of applications will be acknowledged by email.

Please return the completed application to [researchgrants@cysticfibrosis.org.uk](mailto:researchgrants@cysticfibrosis.org.uk)

**Completed applications (including all the necessary signatures) must be received by 5pm, Wednesday 21st April 2021.**

**Late or incomplete applications will not be considered.**

**Please complete the following:**

**Supervisor:**

I have read the [eligibility criteria](https://www.cysticfibrosis.org.uk/the-work-we-do/research/support-for-researchers/apply-for-funding/summer-studentships/application-and-eligibility) and confirm that I am eligible to apply for this award:

**Student:**

I have read the [eligibility criteria](https://www.cysticfibrosis.org.uk/the-work-we-do/research/support-for-researchers/apply-for-funding/summer-studentships/application-and-eligibility) and confirm that I am eligible to apply for this award:

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| **Q1** | | | **Details of project supervisor** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | | | Title: |  | | | | Surname: | | | | |  | | | | First name and middle initial(s): | | | |  | | | | | |
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| (b) | | | Title of current post: | | | | | | | | | |  | | | | | | | | | | | | | |
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|  | | | Date of appointment: (dd/mm/yy) | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | Expected date of termination: (dd/mm/yy) | | | | | | | | | | | | | | | |  | | | | | | | |
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| (c) | | | With whom do you have your contract of employment? | | | | | | | | | | | | | | | | | | | | | | | |
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| (d) | | | Source of personal salary support: | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | HEFC | |  | NHS | | |  | | | OTHER | |  | Please specify: | | | |  | | | | | | | |
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| (e) | | | Department name and full postal address: | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Telephone: | | |  | | | | | | | | | | e-mail: | | |  | | | | | | | |
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| (g) | | | Will a member of your laboratory, other than you, be providing close day to day supervision of the student? | | | | | | | | | | | | | | | | | | | |  | | | |
| YES |  | NO |  |
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| (h) | | | If yes, please provide the following details for that individual: | | | | | | | | | | | | | | | | | | | | | | | |
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| (i) | | Title: | |  | | | Surname: | | | | | |  | | | | First name and middle initial(s): | | |  | | | | | | |
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| (j) | | Title of current post: | | | | | | | | | | |  | | | | | | | | | | | | | |
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| (k) | | Expected date of termination: (dd/mm/yy) | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Q2** | **Details of research project** | |
| (a) | **Title of project** (max 220 characters) and **Lay Abstract** (max 250 words) | |
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| (b) | **Description of the proposed project** (max 1000 words) outlining: | |
|  | i) Background to the project;  ii) Aims and objectives. Any key hypotheses to be tested or questions to be asked. What you hope to achieve during the period of research;  iii) Experimental design and methods;  iv) Brief outline of a timetable of work.  **Please note that continuation of undergraduate projects will not be considered.** | |
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| (c) | What techniques/training will the studentship provide? (max 150 words) |
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| (d) | How does this research relate to work being carried out in the supervisor’s laboratory? (max 100 words) |
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| (e) | | Length of project: (max eight weeks) | |  | Proposed starting date: |  |
| (f) | Department name and address of administering organisation: | | | | | |
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|  | | **Q3 Details of student** | | | | | | | | | |
| (a) | | Title: |  | Surname: |  | | | First name and middle initial(s): | |  | |
|  | |  | | | | |  | | | | |
| (b) | | e-mail address: | | | | |  | | | | |
| (c) | | Name of University/College:  (where full-time undergraduate) | | | | |  | | | | |
| (d) | | Type and title of degree: | | | | |  | | | | |
| (e) | | Date degree course commenced: | | | | |  | | | | |
| (f) | | Year of course: (please refer to the notes on page 1, or the eligibility criteria on  our website) | | | | |  | | | | |
| (g) | | Summary of university courses/modules taken and completed: (with results) | | | | | | | | | |
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| (h) | | Please provide the average score of all modules taken, presented either as a percentage or equivalent to the class of degree: | | | | | | | | | |
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| (i) | Recommendation by student’s current tutor. In addition, if no results are provided under (g) please include an evaluation of the standard of work completed to date. (max 200 words) | | | | | | | | | | |
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| **Signature:** | | | | | |  | | | **Date:** | |  |
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| Name (if not project supervisor): | | | | | |  | | | | | |

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| **Q4** | **Supporting information (to be completed by student)** |
| (a) | Please explain how your project will contribute to the improving the lives of people with cystic fibrosis?  (max 100 words) |
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| (b) | Why do you wish to apply for the Studentship, and what are your career intentions at present?  (max 150 words) |
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| (c) | Have you had any other research experience (apart from your course projects)? If yes, please describe. (max 100 words) |
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| (d) | Have you applied elsewhere for a vacation research period this year? If yes, to which organisation and when will you know the result? Please note that if you accept another scholarship/studentship, you are expected to inform the Trust immediately. | |
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| **Q5** | **Ethics & regulatory issues** |  |  |  |  |
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| (a) | Does the project involve the use of human participants, biological samples or personal data? | YES |  | NO |  |
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| (b) | If yes, please state by whom the project will be, or has been ethically reviewed, and specify any other regulatory approval that have been, or will be, obtained. | | | | |
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| (c) | Will this project involve the use of animals or animal tissue? | YES |  | NO |  |
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| (d) | If yes, does the proposal include procedures that require a Home Office licence? | YES |  | NO |  |
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| (e) | Does the organisation where the animal work is to be carried out hold a certificate of  designation under the Animals (Scientific Procedures) Act 1986? | YES |  | NO |  |
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| (f) | Does the supervisor hold the appropriate project and personal licences? | YES |  | NO |  |

If you have answered ‘yes’ to parts (e) and/or (f), please provide a scanned copy/photocopy of the   
relevant paperwork.

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| **Q6** | | **Contact details for the person within the Organisation responsible for administrating any award, if successful.** | | | | | | | | | | | | |
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| (i) | Title: | |  | | Surname: | | |  | | First name: | | |  | |
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| (ii) | | Full postal address: | | | | | | | | | | | | |
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| (iii) | | Telephone: | |  | | | | | e-mail: | | |  | | |

**Undertakings**

To the best of my knowledge, the information provided in this application is accurate and complete and I agree to inform the Cystic Fibrosis Trust of any material changes to this information during the period of the grant/award.

The necessary facilities will be made available to conduct the research/activities funded by the Cystic Fibrosis Trust’s grant award, and will continue to be available for the duration of the grant/award.

Terms and Conditions will be released along with the decisions on the applications. Applicants will be required to agree to abide by the conditions should a grant/award be made.

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| **Signature of Supervisor** |  | **Date:** |  |
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| **Signature of Student** |  | **Date:** |  |
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| **Signature of Head of Department** |  | **Date:** |  |

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| For and on behalf of the Organisation: |  | |  |  |
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| **Signature of Secretary of Organisation/Finance Officer:** |  | | **Date:** |  |
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| **Position:** |  | **Organisation:** |  | |