*The College of Radiographers will use application details for purposes associated with the industry partnership scheme, such as education, the administration of events, research, promotion and fundraising. Our lawful basis for processing your information is to manage your funding application and fulfil our legitimate interest as a professional body. Some of your information will be shared with the Society of Radiographers. We will retain all information you submit for the duration of the application process and, should you be successfully awarded funding, the duration of the funding period. Thereafter, your information will be retained as verification of your application and for reference in relation to the industrial partnership scheme. For detailed information about how we use your information please see* [*http://www.sor.org/privacy-statement*](http://www.sor.org/privacy-statement)

**College of Radiographers Industry Partnership Scheme**

**Student Research Award**

**Application Form**

Please refer to the accompanying guidelines before completing this form. Before submitting your form, please ensure you have completed everything on the checklist at the end.

The form should be completed and returned electronically by 5pm on the first Monday of April or the first Monday of October each year to: Professional and Education Support at: [pande@sor.org](file:///%5C%5Cscor.local%5Cndrive%5CProfessional%20%26%20Education%5CProfession%5CRESEARCH%20GRANTS%5CCoRIPS%20STUDENT%20GRANTS%5CCoRIPS%20student%20grants%20application%20paperwork%5Cpande%40sor.org)

Signatures may be scanned or digital. Please include all relevant information on the form itself – additional papers/incomplete applications will not be accepted.

|  |  |  |
| --- | --- | --- |
| **1** |  | Title, first name and surname of **supporting academic**: |
|  |  |  |
|  |  |  |
| **2** |  | Position of supporting academic: |
|  |  |  |
|  |  |  |
| **3** |  | Full address with post code of the applicant’s university: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  | Tel. No.: | Email: |
| **4** |  | Title, first name and surname of **student(s)**: |
|  |  |  |
| **5** |  | Correspondence details for **student** (or nominated student contact for group applications): |
|  |
|  |  |  | Tel. No.: | Email: |
| **6** |  | Title of research (max. 20 words): |
|  |  |  |
|  |  |  |
| **7** |  | Brief summary of the research project for lay readers (max. 200 words): |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8** |  | Start date of project: |  | End date of project: |
|  |  |  |
|  |  |  |
| **9** |  | Financial details for planned spending of the award up to £1,000: |
|  |  |  |
| **10** |  | **STUDENT’S SUPPORTING INFORMATION** |
|  |  | **NB**. Please ensure you answer each question thoroughly as additional CVs/supporting material will not be accepted |
|  |  |  |
|  | a) | SoR membership number: |
|  |  |  |
|  |  |  |
|  | b) | University, degree course, year of graduation: |
|  |  |  |
|  | c) | Predicted degree classification: |
|  |  |  |
|  | d) | Career aspirations: |
|  |  |  |
|  | e) | Why would you like to be considered for this research award? |
|  |  |  |

I accept the terms and conditions of the award, the College of Radiographers’ reporting requirements and their Data Protection Policy.

Student’s signature: Date:

|  |  |  |
| --- | --- | --- |
| **11** |  | **SUPPORTING ACADEMIC’S STATEMENT** – Brief details of the student for whom support is requested. |
|  |
|  |
|  | a) | Name of student(s): |
|  |  |  |
|  |  |  |
|  | b) | Year of study: |
|  |  |  |
|  |  |  |
|  | c) | Expected year of graduation: |
|  |  |  |
|  |  |  |
|  | d) | Supporting academic’s statement. This should include: |
|  | * How you feel the student applicant would benefit from receiving this award;
* A comment on the student’s academic performance to date;
* Their likely final degree result of how they would rank within their cohort.
 |
|  |  |
|  | Supporting academic’s name: | Position: |
|  |  |
|  | Supporting academic’s signature: | Date: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **12** |  | **Statement of the research to be carried out** |
|  |  | **NB**. This statement should be limited to no more than 700 words |
|  |  |  |
|  | a) | Description of the project to be carried out. Please include a title, brief background, the aims of the project, and details of the investigation and the methods to be used:  |
|  |  |  |
|  | b) | Please give details about the role of the student(s) in the project, including what arrangements will be made to supervise the student, approximate timetable for the student’s involvement and what objectives will be achieved in the period of the award: |
|  |  |  |
|  | c) | Please provide details on when results and conclusions from the project will be expected: |
|  |  |  |  |
| **13** |  | Keywords (up to 6): |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **14** |  | **Ethical considerations** |
|  |  | Does this research involve **human participants**? | YES / NO |
|  |  | Are there any ethical issues raised by this research? | YES / NO |
|  |  | Have they been discussed in this application? | YES / NO |
|  |  | Has this application received independent ethical scrutiny?  | YES / NO |
|  |  | Will independent ethical review be sought prior to the project start? | YES / NO |
|  |  |  |
| **15** |  | **HEAD OF DEPARTMENT** |
|  |  |  |
|  |  | **Heads of Department are asked to ensure that:** |
|  | a) | The project and the roles of the Student and Supporting Academic are clearly described and supported by the facilities of the host department; |
|  | b) | Only one application is submitted per Supporting Academic;  |
|  | c) | This application is made with their support; |
|  | d) | The investigation complies with the university’s safety and ethical regulations; that any ethical issues raised by the proposal will receive independent ethical scrutiny before the work is carried out; and that the university will accept responsibility for the ethical conduct of the research; |
|  | e) | The university accepts the terms and conditions of the award and the College of Radiographers’ reporting requirements; |
|  | f) | Monies awarded will be used directly to fund the student’s involvement and will not be ‘top-sliced’. |
|  | Name of Head of Department (signing of behalf of the university): |
|  |  |  |
|  |  |  |
|  | Head of Department’s signature: | Date: |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **16** |  | If the application is successful payment will be made to the student via BACS, into the receiving account detailed below. |
|  |
|  |  |

|  |  |
| --- | --- |
| Bank Name |  |
| Account Name |  |
| Account Number |  |
| Sort Code |  |
|  |  |
| Email address(es) for remittance notification |  |
|  |  |
|  |  |

 |

|  |  |  |
| --- | --- | --- |
| **17** |  | **CHECKLIST** |
|  |  | Before sending this form, please check that: |  |
|  |  |  |  |  |
|  |  | The **Head of Department** has understood the conditions of the award and signed the form | [ ]  |
|  |  |  |  |  |
|  |  | The **student** and student’s **supporting academic** have understood the conditions of the award signed the form  | [ ]  |