



IRELAND

SpR Award 2019

APPLICATION FORM

SpR Award 2019

Dr Falk Pharma invites applications from Irish based gastroenterology SpR trainees, working in any area of gastroenterology (including hepatology and pancreatology) or nutrition, for a €1,000 award in recognition of research or an innovation that will have an impact on improving patient care.

Applications should be completed using the form below.

Applications received after the 13th September will not be considered.

Please do not exceed the word limits set in the application form.

If there are any issues, please contact: awards@drfalkpharma.co.uk

Tick box to confirm this is the award you want to apply for

Dr Falk 2019 SpR Award

Please note all Fields marked with an asterisk () are required

SECTION ONE - APPLICANT DETAILS

*Title:

*First Name:

*Surname:

*Address Line One:

Address Line Two:

*City:

*County:

*Eircode:

*Country:

*E-Mail:

*Phone Number:

*Please ensure you save the PDF.



Collaboration.



Formulation.



Destination.

***Present and previous posts**

Start Date

End Date

Job Title

Employing Institution

Please state any additional Posts that you wish to be considered in the text box below.

Previous publications *(If applicable, please list)*

Awards or prizes received *(If applicable, please list)*

Collaborators *(If applicable, use this section to list the names, positions and institutions of collaborators and/or members of the research network)*

*Please ensure you save the PDF.

Note:

1. The Selection Panel's decision is final and binding on the nominees. No correspondence will be entered into.
2. There will be one award winner.
3. Entries must be submitted by Friday 13th of September 2019.

SECTION TWO - PROJECT DETAILS

***Title of the project** (Maximum 30 words. Please choose an informative title)

***Project outline** (Provide an outline of the issue you wanted to address in undertaking this project / work)

***Project description** (Word count between 1,000-1,500 words (excluding references which are to be listed in next text field). Please describe the background, aim/purpose, a brief outline of the project, and who will benefit from the outcomes.)

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Project references (Maximum 20 references)

Corresponding figures (Please add any supporting images or tables as attachments when sending the form to awards@drfalkpharma.co.uk)

Please tick if files will be attached.

***Lay summary** (Maximum 200 words. Use simple lay terms to describe the project and include the following: This summary will be used when describing your work to the public. Please check the readability score of your lay summary using a readability checker such as: <http://www.readabilityformulas.com/free-readability-formula-tests.php>)

***Have you obtained any other funding for this project or for a related application?**

Yes

No

*Please ensure you save the PDF.

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SECTION THREE - DECLARATION AND SIGNATURES

Once you complete the application form please obtain all relevant signatures and email the full application form to awards@drfalkpharma.co.uk by 13th September 2019, 5pm. The application will only be considered complete once we receive the signed version.

***Standard Release Form** *(Tick the box to indicate the applicant's institution accepts and agrees to the Standard Release Form terms)*

In submitting this application, the applicant's institution accepts and agrees to the terms relating to the Standard Release Form set out below:

Summary information about the successful application, including the title of the project, the applicant's name and institution, the summary of the project, and the value of the award, might be published on the Dr Falk Pharma website and on social media channels, as soon as the award is announced.

***Data Protection Information** *(Tick the box to indicate that relevant staff at the applicant's institution and/or other relevant institutions have been informed about the data protection information set out below)*

In submitting this application, the applicant's institution confirms that it has informed relevant staff about the data protection information set out below:

DrFalk Pharma may contact applicants, co-applicants and their institutions by email, telephone or post about their applications or other pertinent issues. Personal and other data on applications to grants and other awards will be stored by Dr Falk Pharma to aid the processing of applications, and for auditing, review and evaluation purposes, and as set out in the Standard Release Form (see above). Information will not be shared with any third party except for aiding those purposes (e.g. data sharing of grant and other awards with the Association of Medical Research Charities). All personal information will be stored and processed in accordance with the Data Protection Act 1998 (and any subsequent legislation and guidance relating to data protection, in particular the General Data Protection Regulation 2016 and the Data Protection Act 2018). Processing of personal data is necessary for the legitimate interests pursued by Dr Falk Pharma and with other third parties as set out above, and will be limited to that which is proportionate to those interests. Further information as to how Dr Falk Pharma use and protect your data is available in Dr Falk Pharmas Privacy Policy: <https://www.drfalk.co.uk/privacy-policy/>

***Award publicity with Dr Falk** *(Dr Falk would like to liaise with the successful applicant to publicise the award and the project. Please check the box below to indicate you agree to be contacted by Dr Falk about this)*

I agree to be contacted by Dr Falk with regards to the preparation of relevant publicity materials and support for media coverage of the award and the project.

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***Declaration for the Applicant** (Tick the box to indicate agreement)

In submitting this application:

- I understand that if the application is successful I will be bound by the grant's Terms and Conditions, other relevant terms, and any subsequent amendments.
- I confirm that I have not entered into any obligations which would conflict with the grant's Terms and Conditions or other relevant terms of the grant.

*Applicant's full name:

*Signature:

*Date:

*Supervising Consultant Signature:

*Date:

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