**Application for British Association for Lung Research Summer Studentship 2024**

[](https://pulmonaryfibrosisni.co.uk/)

**[](https://www.actionpf.org/)**

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Description automatically generated**In association with

This year, applicants are invited to apply for the BALR summer studentship, to take place in the summer vacation period. The awards will cover a maximum of eight weeks for research projects in the following areas:

* A specific lung condition (e.g., Asthma, Lung cancer, Mesothelioma, COPD, IPF etc.)
* Cross-respiratory research, with value across all (e.g., pulmonary infection)

Applications will be open to **basic science undergraduate students** in their final two years of study and **medical students** either postgraduate medical students or between their second and penultimate years of study or undertaking an intercalated BSc.

**The awards will comprise of:**

* A stipend of £1,600 for living expenses,
* £400 for consumables (including poster printing costs). For non-laboratory-based research projects, applicants will be required to justify their use of the consumables budget if requested.
* A £250 travel award will be provided for studentship recipients who submit their research findings to a scientific conference and are invited to present their research in the form of a poster/talk. Conference attendance should be within 6 months of completion of the Studentship project and travel award recipients will be required to submit a short conference summary for the BALR website.

**Please note: It is a requirement for students in receipt of the BALR Summer Studentship to submit an overview for the BALR newsletter/website, and for that of joint funders where applicable, highlighting their experience of undertaking a BALR Summer Studentship.**

**Funding**

* **The award will be administered as a grant by the Finance team at the Host University and invoices for the stipend and consumables sent to BALR for payment on completion of the project.**
* **Expenses relating to Travel awards and conference attendance will be paid directly to the student on provision of receipts.**

**Please indicate which area your project best fits:**

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| Specific lung condition |  |  |
| In association with | Action for Pulmonary Fibrosis |  |
|  | Pulmonary Fibrosis NI |  |
|  | Breathing Matters (ILD, bronchiectasis and pneumonia) |  |
| Cross-respiratory research |  |  |

**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. More than one application from one supervisor is accepted, however, our policy is to support a wide range of supervisors/ institutions where appropriate.

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

**Please return the completed application to** [**admin@balr.co.uk**](mailto:admin@balr.co.uk)**.** Completed applications (including all the necessary signatures) must be received **by 5pm, Friday 10th May 2024**.

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

**Please complete the following:**

**Supervisor:**

I have read the eligibility criteria and confirm that I am eligible to apply for this award:

**Student:**

I have read the eligibility criteria 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 | | x | 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) Justification of consumables costs;  v) 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): | |  | | | | | |
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| (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 a lung condition(s)? (max 200 words)  Please outline which (if any) research priority areas your project will address. Please refer to the appropriate research priorities of your funding association. List any other relevant research priorities.  [JLA Top 10 for Progressive Pulmonary Fibrosis](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jla.nihr.ac.uk%2Fpriority-setting-partnerships%2Fprogressive-pulmonary-fibrosis%2Ftop-10-priorities.htm&data=05%7C02%7CB.Schock%40qub.ac.uk%7C3e7f5d2ccfe1433151d108dc28c5fc6d%7Ceaab77eab4a549e3a1e8d6dd23a1f286%7C0%7C0%7C638430079534204962%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=2BE3an32pjEPmNCMp9sdOQQanhu%2Bl9xLBm1f5%2B2IFvE%3D&reserved=0) and/or [Action for Pulmonary Fibrosis Research Priorities](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets-global.website-files.com%2F5e32c31d3ab26b41eba332b2%2F62b0532b5914e13853ac9c84_APF_ResearchStrategy.pdf&data=05%7C02%7CB.Schock%40qub.ac.uk%7C3e7f5d2ccfe1433151d108dc28c5fc6d%7Ceaab77eab4a549e3a1e8d6dd23a1f286%7C0%7C0%7C638430079534215976%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=QnyJccQw3J3sOrL7TwUlas3paG44eu0189Osoneer%2BY%3D&reserved=0) or  <https://pulmonaryfibrosisni.co.uk/> or  <https://www.breathingmatters.co.uk/>, Breathing Matters Mission <https://www.breathingmatters.co.uk/about-us/> | | | | | | | | | | | | | |
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| (b) | | | Why do you wish to apply for the Studentship, and what are your career intentions at present?  (max 500 words) | | | | | | | | | | | | | |
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| (c) | | | Have you had any other research experience (apart from your course projects)? If yes, please describe. (max 150 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 BALR immediately. | | | | | |
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| **Q5** | **Patient/Public Involvement and Engagement** | | | | | | | |
| (a) | Have people living with a respiratory condition, or supporting someone living YES NO  with such, been involved in the concept or design of your project? | | | | | | | |
| [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | | | | | | | |
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| (b) | Tell us about potential opportunities to involve patients, caregivers, or underserved groups in your project. *For example, from shaping study design, making your findings accessible to non-scientific audiences, to identifying future directions for your research important to them*. Also outline how you might share research findings with these groups. (Max 250 words) | | | | | | | |
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| **Q6** | **Ethics & regulatory issues** | | |  |  |  |  | |
| (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 |  | |
|  | If yes, please add additional clarifications. Please give brief details below on why non-animal alternatives are not possible in this project, and how you have considered the principles of the 3Rs (replacement, refinement, and reduction of the use of animals in research, (  <https://www.nc3rs.org.uk/>) when designing your experiments.  Please note: All project proposals involving animals or animal tissue must comply with the guidance Responsibility in the Use of Animals in Bioscience Research ([https://www.nc3rs.org.uk/3rs-resources/responsibility-use-animals-bioscience-research](https://www.nc3rs.org.uk/3rs-resources/responsibility-use-animals-bioscience-research:)) and with UK legislation (<https://www.gov.uk/guidance/research-and-testing-using-animals>) | | |  |  |  |  | |
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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 (d - f), please provide a scanned copy/photocopy of the   
relevant paperwork.

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| **Q7** | | **Contact details for the person within the Organisation responsible for administrating any award, if successful.** | | | | | | | | | | | | |
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| (i) | Title: | |  | | Surname: | | |  | | First name: | | |  | |
|  |  | | | | |  | | | | | | | | |
| (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 BALR 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 BALR’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:** |  |