**BOA/ORUK Research Fellowship 2024 Application Form C**

**Supervisor assessment**

Please ensure you have reviewed the background information/advice to applicants and terms and conditions for the **BOA/ORUK Research Fellowship** available on the BOA website [here](https://www.boa.ac.uk/learning-and-events/fellowships-awards/research-fellowships.html).

Award amounts and process: Please familiarise yourself with the maximum fellowship award amount and what funding covers in the information for applicants. You will need to outline how the costs of the proposed fellowship will be met and the amount(s) you wish to apply for.

Processing of data: Applications will be shared with the BOA for the purposes of awarding and administering the grant. Orthopaedic Research UK and the BOA take the security and privacy of your data seriously. We have put together policies to comply with our legal obligations under the Data Protection Act 2018 (the ‘2018 Act’) and the UK General Data Protection Regulation (‘GDPR’) in respect of data privacy and security. Please visit our websites at <https://oruk.org/privacy-policy/> and [www.boa.ac.uk/privacy](http://www.boa.ac.uk/privacy) for information on the data we collect and how we use that data as part of our business and to manage our relationship with you.

Applicant Name:

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| **Project details** |
| **Can the running expenses of the project be met with the grant?** |  |
| **If no, where will you obtain the running costs to support the grant?** |  |
| **Describe the manner in which the proposed training project has evolved and the planned contribution of the applicant.** |  |
| **How frequently do you propose to have a structured meeting with the candidate?** |  |
| **What will you do to train this applicant? Are there lectures, seminars, tutorials or courses available? Will the candidate meet with other supervisor/s? If so, whom?** |  |
| **State your views on the candidate’s scientific ability and suitability for research training, and on any other relevant points which you consider would be helpful to the Sponsors.** |  |
| **Would an honorary clinical contract be sought for the candidate?** *If YES, please indicate level, specialty and Health Authority.* | **YES/ NO** |
| **(ii) Would the project involve human subjects?***If YES, please attach evidence of local Research Ethics Committee approval or explain, why in your view, it is not required.*  | **YES/NO** |

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| **Supervisor details (if more than one proposed supervisor, please duplicate this page)** |
| **Title** |  |
| **Full name** |  |
| **Email address** |  |
| **BOA membership number** |  |
| **Address** |  |
| **Please state your research interests/areas of research activity:** |  |
| **Please state research grants currently or recently held (if any):** |  |
| **Please list published materials including references: (please do not exceed the space provided, do not provide additional papers)** |  |
| ☐ Please tick here to confirm that you have read and agree to comply with the **BOA/ORUK Research Fellowship**  Terms and Conditions for 2024. |
| Signature of Supervisor |  |
| Date |  |
|  **Head of Department** |
| **Title** |  |
| **Full name** |  |
| **Address** |  |
| ☐ Please tick here to confirm that you support this application and if an award is made, the candidate would be accepted within the Department in accordance with the BOA Research Fellowship Terms and Conditions for 2024. |
| Signature of Head of Department |  |
| Date |  |