## Application for SAAD PhD Studentship Funding

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| Applicant Details |
| **First Supervisor**  | **Department/Unit****email** |
| **Second Supervisor** | **Department/Unit****email** |

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| Project Details |
| **Title of project** |
| **Abstract** *(200 words)**Please include: i) Importance of research to sedation in dentistry ii) Aims and questions to be addressed* |
| **Description of Project** *(600 words)**Please include: i) Background and objectives, ii) Research methodology iii) Research outcomes iv) How this research will contribute to the available eveidence* |
| **Ethical approval**\*Sought / Received / Yet to apply  |

\* Delete as appropriate

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| Funding Requested (per annum)  |
| **Registration**: Full time/Part time\* | **Number of years for which funding requested:**  |
| **Tuition** Yes/No\* | **Stipend** *(MRC rate)*Yes/No\* | **Consumables**#£ |
| **If you have another source of funding to partially cover the costs give details below****Funding Body** |

\* Delete as appropriate

# Up to £5,000 *pa*. Please include a list of consumable costs in the protocol in sufficient detail to enable the panel to assess whether all the funding is necessary

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| Supervisor Track Record |
| **Previous PhD students supervised by supervisor(s)***Detail students within the last 5 years, including date of PhD award and source of funding. Please explain why any previous students did not complete if they left after upgrade.* |
| **Current PhD students supervised by supervisor(s)***Include source of funding and completion due date* |

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| Student Details (if known) *attach evidence of student quality (eg application, CV, references, language ability)* |
| **Name**  | **Application Date** |
| **Declaration of affiliations or conflicts of interest** |

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| Undertakings |
| We certify that the above information is accurate.We agree to notify SAAD if the studentship is not taken up or the student leaves before completion. We agree to provide a short report on the project, publication in SAAD Digest and presentation at SAAD conferences |
| First Supervisor Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Second Supervisor Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

###### Please attach

###### Protocol

###### CV of Supervisor(s)

###### CV of student if known