Clinician Scientist Funding Application Form

Instructions for applicants

Complete all sections electronically. Replace response placeholders with your answers; fields may expand. Use “Not applicable” where appropriate. Suggested word limits exclude references and tables. Submit the completed form and listed attachments by the published deadline. Do not include identifiable patient information.

The proposed research should demonstrate scientific quality, clinical and public health relevance, feasibility, value for money and a credible career development pathway. Achievement will be considered relative to career stage and opportunities.

Application reference number Office use only: _____

A. Applicant and eligibility

Full name and professional title: _____

Email and telephone: _____

Institution and department: _____

Current position and appointment type: _____

Clinical profession and specialty: _____

Professional council and registration number: _____

Practicing license expiry date if applicable: _____

Research identifier such as ORCID if available: _____

Career stage: [] Early career [] Mid-career [] Other: _____

Qualification	Institution	Year awarded
[Clinical qualification]		
[Research qualification or training]		
[Other relevant qualification]		

Confirm each statement using Yes, No or Not applicable. Explain any No response below.

[ ] Yes [ ] No [ ] N/A I meet the published clinical qualification and career stage requirements.

[ ] Yes [ ] No [ ] N/A I hold required professional registration and a valid practising licence.

[ ] Yes [ ] No [ ] N/A I have an eligible institutional affiliation.

[ ] Yes [ ] No [ ] N/A My institution supports protected research time for this award.

[ ] Yes [ ] No [ ] N/A I can undertake the proposed work during the award period.

Eligibility explanations or special circumstances

[Enter response here]

B. Clinical experience and research potential

Clinical experience

Summarize relevant clinical responsibilities, patient populations and how your clinical work informs the proposed research. Maximum 200 words.

[Enter response here]

_____

Research experience and contributions

Describe your role in previous studies, methods used, outputs and contributions to clinical practice or policy. Include up to five relevant outputs; publications are not required for applicants without prior opportunities. Maximum 300 words.

[Enter response here]

_____

Achievements in context

Describe relevant career breaks, workload, resource constraints or other circumstances you wish reviewers to consider. Optional; maximum 150 words.

[Enter response here]

C. Project overview

Project title: _____

Research location and participating institutions: _____

Proposed duration in months and start date: _____

Total funding requested and currency: _____

Plain language summary

Describe the problem, planned research, intended beneficiaries and expected benefit in language understandable to a non-specialist. Maximum 250 words.

[Enter response here]

_____

D. Concept note

Suggested total limit for this section is 2,000 words, excluding references. Expand the response fields as needed.

Background and rationale

State the clinical or public health problem, evidence gap, relevance to local or national priorities, and why this study is needed.

[Enter response here]

Research question and objectives

Provide the primary research question, general objective and specific objectives. Include hypotheses where appropriate.

[Enter response here]

Study methods

Describe design, setting, population, eligibility, sampling, sample size and justification, procedures, intervention and comparator where applicable, outcomes and analysis. For qualitative work, describe participant selection, sample adequacy and analysis.

[Enter response here]

Innovation and expected impact

Explain what the work adds and how findings could improve care, health equity, services or policy. Distinguish expected results from longer-term benefits.

[Enter response here]

Ethics and research governance

Describe consent, confidentiality, data security, risks, safeguards and approvals required. State current approval status and relevant reference numbers. Required approvals must be obtained before the relevant research activities begin.

[Enter response here]

Patient and community involvement

Explain how patients, caregivers or communities will inform study design, implementation and communication of findings, or justify why this is not applicable.

[Enter response here]

References

Provide key references supporting the proposal using a consistent citation style.

[Enter response here]

E. Implementation and budget

Activity or milestone	Timing in months	Output or indicator
[Activity]	[Months]	[Deliverable]
[Activity]	[Months]	[Deliverable]
[Activity]	[Months]	[Deliverable]
[Activity]	[Months]	[Deliverable]

Feasibility and risk management

Describe access to participants, data and facilities, permissions, key risks and mitigation. Maximum 200 words.

[Enter response here]

Dissemination and use of findings

Identify audiences, planned outputs and steps towards use in clinical care, policy or further research. Maximum 150 words.

[Enter response here]

Use the funding call's permitted currency and cost rules. Add rows as needed. Separate the amount requested from co-funding and avoid double funding.

Budget item	Quantity and unit cost	Amount requested	Justification
Personnel or research assistance			
Training and mentorship			
Data collection and laboratory costs			
Equipment or supplies			
Travel and dissemination			
Other eligible costs			
Indirect costs if permitted			
TOTAL			

Confirmed co-funding amount and source or None: _____

Other pending funding applications for this work or None: _____

F. Career development and mentorship

Career development plan

Describe career goals, skills gaps and how the award will strengthen your ability to combine clinical practice with independent research. Maximum 250 words.

[Enter response here]

_____

Training or development activity	Timing	Expected competency or output
[Activity]	[Months]	[Outcome]
[Activity]	[Months]	[Outcome]
[Activity]	[Months]	[Outcome]

Primary mentor name title and institution: _____

Primary mentor email and area of expertise: _____

Additional mentor and role if applicable: _____

Mentorship arrangements

Describe mentor responsibilities, meeting frequency, progress reviews and support for research integrity, analysis, publication and future funding. Maximum 200 words.

[Enter response here]

Protected research time as percentage of working time: _____

Clinical workload and research time arrangements

Describe how clinical duties will be covered, who will monitor protected time and how research and clinical responsibilities will be coordinated. Maximum 150 words.

[Enter response here]