The Africa Research Excellence Fund

**Women in Research**

**Essential Grant Writing Skills Workshop**

**Online, 13 to 17 Sep 2021 & 18 to 20 Oct 2021 inclusive**

*This Application Form has six Parts:*

|  |  |  |
| --- | --- | --- |
| **A**: APPLICANT DETAILS | **C:** CAREER VISION & SUPPORT | **E**: OTHER INFORMATION |
| **B**. RESEARCH EXPERIENCE & ACHIEVEMENTS | **D**: COPIES OF EVIDENCE  | **F**: SIGNATURE |

*Complete this form electronically, using Font* Arial 10.

# PART A: APPLICANT DETAILS

1. Name of applicant

Please identify yourself as you will wish to be known. *This name will appear on your name badge, certificate of participation and in any communications after the event.*

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| --- | --- | --- |
| **Given/First names** | **Family/Surname name** | **Title (Dr, Mr, Mrs, Ms)** |
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1. Current contact details

Please indicate which address/phone/email you prefer us to use by marking X once in each of the three rows.

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|  | **Home** | **Mark X if preferred** | **Work** | **Mark X if preferred** |
| **Postal****address** |  |  |  |  |
| **Phone** |  |  |  |  |
| **Email** |  |  |  |  |

1. Citizenship

Indicate which UN-recognised state(s) of which you are a citizen. Please append a photo (PDF) of the identity page(s) of your passport (List this as Appendix 1 in Part D).

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| **Nationality (-ies)** |
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1. Postgraduate Qualifications

Record each postgraduate qualification on a separate line. You must attach a copy of the dated award certificate that relates to your eligibility, EITHER a Doctorate or for clinicians a Doctorate or a research Masters (List your appendices in Part D). You do not need to provide copies of other degrees.

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| **Degree title, e.g. PhD, MPhil,DPhil, MD, MSc** | **Awarding Institution** | **The date at which the degree was officially awarded (month and year in the format MM/YYYY)** |
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| **Title of Thesis/dissertation for Doctorate (or for Clinicians without a doctorate you may provide the title of a Master’s thesis)** |
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1. Clinical specialty

For CLINICALLY QUALIFIED applicants only: Identify your chosen specialty for higher specialist training and any specific formal qualifications awarded to you, with dates. Do not repeat qualifications already listed in previous sections.

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1. Other professional training

List here other significant training relevant to your development as a researcher that you successfully completed.

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| **Title of the course or workshop** | **Institution delivering the training** | **Date(s) of the training** |
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1. Current employment

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| **Post (Official title of your job)** | **Institution that employs you** | **Date started (and terminated if relevant) (MM/YY)** |
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| **Briefly, what is your job role?**Please explain the roles you have in (a) Research, (b) Teaching (including supervision of students), and (c) Administration and Service. Indicate the percentage (%) of your time spent in each of the three types of role |  |
| Indicate the type of employment contract: unlimited term; or fixed-term and the termination date. |  |

# PART B: RESEARCH EXPERIENCE AND ACHIEVEMENTS

1. Research Field

Indicate your area(s) of research and the research methodology(-ies) you employ in your research.

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| --- | --- | --- | --- |
| **Health areas** (Tick the box next to one or more items indicating your expertise) | [ ]  Malaria | [ ]  HIV | [ ]  Respiratory |
| [ ]  Helminth diseases  | [ ]  Nutrition | [ ]  Mental health  |
| [ ]  Vector transmission  | [ ]  Cardio & stroke  | [ ]  Maternal health  |
| [ ]  Mycobacterial  | [ ]  Cancer  | [ ]  Neonatal health  |
| [ ]  Diabetes | [ ]  COVID19 |  |
| [ ]  Other parasitoses (please state):  |
| [ ]  Other bacterial diseases (please state):  |
| [ ]  Other Physiological (please state):  |
| [ ]  Other health areas (please state):  |
| [ ]  Other viral diseases (please state):  |

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| **Disciplines / research methods** applied to health questions (Tick one or more boxes) | [ ]  Bio/Medical statistics  | [ ]  Pharmacology & Physiology | [ ]  Psychology & Behavioural |
| [ ]  Medical bioinformatics  | [ ]  Quantitative social sciences | [ ]  Computational modelling |
| [ ]  Epidemiology, demography | [ ]  ‘Omics | [ ]  Molecular biology  |
| [ ]  Entomology  | [ ]  Qualitative social science | [ ]  Economics  |
| [ ]  Ecological sciences  | [ ]  Health systems & policy  | [ ]  |
| [ ]  Other lab technologies (*please state*):  |

1. Research experience

Briefly summarise your research experience up to now. Note that grants you refer to should be listed in Section 10; similarly, your research outputs in Section 11.

*When you refer to research projects, identify your specific role(s) and your main achievements. Achievements can include not only academic outputs, but how you overcame challenges in implementing the project: indicate what the challenge was and what you specifically did to tackle that challenge. This will help reviewers understand your strengths as someone who develops and implements research.*

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| **Summary of research experience** (Maximum 250 words) |
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1. Portfolio of research grants

This section is for you to list grants on which you named as an applicant – including co-applicant. (List grants on which you are a collaborator and *not* a listed applicant in Section 11).

Indicate your *status*: i.e. whether you are the overall Lead Investigator/Applicant (leader for the whole grant award); *Local* Investigator or PI (for grants for which the overall consortium/project is *another* researcher / institution); *Co-*applicant (where you are identified as Co-I in the award).

Also specify your *role,* for example leading local data collection; analysis of specific sets of data. Please do not duplicate information already described in, for instance, Section 9: instead, please cross-reference between one section and another.

Four sets of boxes are provided A to D, each set for one grant. You may add further sets if necessary. The Grand Total in Box 10T, should be the sum of individual totals (“Amount awarded to you…”) from 10A to 10D.

Please give the amount of the award in US Dollars. Note that during the shortlisting process, preference will be given to applicants demonstrating they have been applying for grants, but whose combined research-grant portfolio value is not more than $300,000.

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| **10T** | **Grand total** of funding amount to you / your institution (Summed from 10A to 10D). |  |

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| **10A** | **Granting agency / Funder** | **Title of the project or fellowship** | **The Funder’s Grant identifier (number)** | **Amount awarded to you / your institution (USD)** |
|  |  |  |  |  |
|  | **Your status**  |  |
|  | **Your role** |  |

You may add another grant in the next set of boxes.

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| --- | --- | --- | --- | --- |
| **10B** | **Granting agency / Funder** | **Title of the project or fellowship** | **The Funder’s Grant identifier (number)** | **Amount awarded to you / your institution** |
|  |  |  |  |  |
|  | **Your status**  |  |
|  | **Your role** |  |

You may add another grant in the next set of boxes.

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| **10C** | **Granting agency / Funder** | **Title of the project or fellowship** | **The Funder’s Grant identifier (number)** | **Amount awarded to you / your institution** |
|  |  |  |  |  |
|  | **Your status**  |  |
|  | **Your role** |  |

You may add another grant in the next set of boxes.

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| **10D** | **Granting agency / Funder** | **Title of the project or fellowship** | **The Funder’s Grant identifier (number)** | **Amount awarded to you / your institution** |
|  |  |  |  |  |
|  | **Your status**  |  |
|  | **Your role** |  |

1. Grant applications submitted but *not* funded

List here up to four research proposals you have submitted in the last three years, but which were not funded (up to four examples).

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| **Granting agency / Funder** | **Title of the project or fellowship** | **Amount you requested**  | **Date of application** |
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1. Researchers trained

How many individuals have trained as researchers, for example Master’s and PhD students for whom you are an official co-supervisor? How many of those degrees were successfully awarded?

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1. Most significant research publications

For this purpose, please do *not* include conference presentations. You may include patents granted.

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| **Please list up to five publications / patents, published or in press** (Publications: List all authors, title of the paper, journal, year of publication, volume and page numbers in that order. Identify your role in conceiving, designing, executing, and writing up the work reported.  |
| **Reference** | **Your role** |
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# PART C: CAREER VISION AND SUPPORT

1. Personal statement

Describe your personal vision for your development as a scientist who can address key health challenges important to Sub-Saharan Africa (Maximum of 300 words).

*Make sure it is clear to the reviewer how your career vision relates to your professional experience and expertise (described in Part A) and builds on your achievements (Part B). Identify the research niche you aim to develop for yourself.*

*Also be clear and specific how you intend to use the learning from this Workshop. What grants or Fellowships do you intend to apply for?*

*Add here any other information reviewers need to fairly assess your capacity to benefit from the training AREF is offering.*

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| **Personal statement** (Maximum of 300 words) |
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1. Cascading Knowledge and Skills

Describe your plan to cascade and pass on the knowledge and skills you have gained from this workshop to others in your institution and/or circle of influence; your circle of influence can include mentees, network, etc. (Maximum of 100 words).

*Clearly state to whom, where (institution, association, etc.) and how (what methods e.g. seminars, workshops, etc.) you will pass on your learning to others?*

|  |
| --- |
|  Plan to Cascade Knowledge and Skills (Maximum of 100 words) |
|  |

# PART D: COPIES OF EVIDENCE

1. List of documents submitted

List here copies of all evidence that is submitted with the application. **The file name in the right-hand columns in the table below should exactly match the PDF file name that you submit.**

|  |
| --- |
| **Citizenship** A photo (PDF) of the identity page(s) of your passport  |
| ***Example*** *for fictitious candidate Dr A B Njogu*Biographic page with photo from passport | *Example of file name* NjoguAB\_Passport.PDF |
|  |  |
|  |  |
| **Degree and other professional certificates** |
| ***Example*** *for fictitious candidate:* *Dr A B Njogu* PhD/MD, MSc  | *Example of file name:* NjoguAB\_PhD.PDF |
|  |  |
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# PART E: OTHER INFORMATION

1. How did you learn about this Workshop?

**Mark X in ONE or more boxes** to indicate how you heard about this workshop

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Email from AREF** |  |  | **Professional or Regional Networks** (name the website or provide URL in the line below this) |  |
| **AREF website** |  |  |  |
| **Other website** (name the website or provide URL in the line below this) |  |  | **From a professional colleague** |  |
|  |  | **Other** |  |

# Confirm your ability to attend the Workshop on all dates

**Mark X in ONE box** to indicate that you will be able to participate in all eight half-day sessions of the workshop on **13 – 17 Sep 2021 and 18 – 20 Oct 2021**. Please note that these dates are not subject to change.

|  |  |  |  |
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| **Yes** |  | **No** |  |

# PART F: SIGNATURES

1. Applicant’s signature

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| --- | --- |
| **Applicant’s NAME**  |  |
| **Applicant’s SIGNATURE** |  |
| **DATE** |  |
| **SUBMISSION:** The application form and accompanying documentation should be submitted **as individual PDF files** to **Ms Irene Coker**, AREF Training Events Manager by email to aref@aref-africa.org.uk so as to reach AREF by the published **deadline of 16.00 hours BST/UTC+1 on 8th July 2021**. Applications received after the deadline will not be considered.If you need to keep the email size down, you may submit the application form and accompanying PDFs in a batch of separate emails. In such a case, each email must be numbered uniquely and sequentially. The email text should list the name(s) of the PDFs that should be attached. A “master email” should summarise the number of emails that make up the batch. |

~END OF AREF ESSENTIAL GRANTS WRITING SKILLS WORKSHOP APPLICATION FORM~