

**MYRE SIM FUND
RESEARCH AND TRAVEL GRANT
APPLICATION FORM**



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

In order for your application to be considered by the Myre Sim Committee you **must meet the following basic criteria:**

- You must be a Fellow, Collegiate or Associate Member of the **Royal College of Physicians of Edinburgh** or a medical graduate of the **Edinburgh University**
- Preference is given to those who have not had the advantage of an academic or research post in the past five years

PERSONAL DETAILS

Title:	Surname:	Initials:
Address for Correspondence:		Tel:
Postcode:		Email:
Current Status: <i>(tick appropriate box)</i>		
Collegiate Member (RCPE)	<input type="checkbox"/>	Associate Member (RCPE) <input type="checkbox"/>
Fellow (RCPE)	<input type="checkbox"/>	Medical Graduate (Uni. of Edinburgh) <input type="checkbox"/>

GRANT APPLICATION DETAILS

Title of proposed project:
Research project or activity for which the grant will be used:
Amount required and expected date of requirement:

Have you been awarded a grant or bursary from the Myre Sim Fund on a previous occasion?

Yes No

If yes, please provide further details including the date and amount of any awards:

Please provide brief details of any other sources or intended sources of funding including the value and nature of the awards (e.g. paid leave, scholarship, research award, support from a pharmaceutical company etc):

The Committee may take into account any particular financial hardship that you might like to bring to its attention. Please provide details below:

You must provide the following documents with your application:

- A current Curriculum Vitae*
- A letter of reference from a supporting Fellow or Research Supervisor*
- A one page of summary of the research project or activity for which the grant will be used*

Note: A short paper reporting on the research or activity taken will be required within three months of the end of the period of research or activity.

Please return this application form with the appropriate documentation and a covering letter to:

Ms Sharon Noonan

Finance Dept

Royal College of Physicians of Edinburgh

9 Queen Street

Edinburgh

EH2 1 JQ

Direct Tel: 0131 247 3601

E-mail: s.noonan@rcpe.ac.uk

Equality & Diversity Monitoring

The Royal College of Physicians of Edinburgh is committed to providing diversity in all areas of our work. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form.

The information you provide will be treated as confidential. This form will be separated from the rest of your application before it is considered and will not be available to those involved in the selection process.

Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
----------------	---------------------------------	-------------------------------	--

Age:	16-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>					

Are you married or in a civil partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
---	------------------------------	-----------------------------	--

Disability: The Equality Act defines a disability as a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the above definition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
--	------------------------------	-----------------------------	--

If 'Yes' please provide details:

Please indicate any arrangements which would facilitate a more comfortable interview if you are short listed:

Religion: Tick one box from the section below to indicate your religion or belief.					
Buddhism <input type="checkbox"/>	Christianity <input type="checkbox"/>	Hinduism <input type="checkbox"/>			
Islam <input type="checkbox"/>	Judaism <input type="checkbox"/>	Sikhism <input type="checkbox"/>			
Other <input type="checkbox"/>	None <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			

Sexual orientation: Tick one box from the section below to indicate which best describes your sexual orientation.

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Ethnic origin: Tick one box from the following sections to indicate your ethnic origin.

White

British	<input type="checkbox"/>	English	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>				
Any other white background	<input type="checkbox"/>	Please provide details:			

Mixed

White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Please provide details:			

Asian, Asian Scottish, Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>				
Any other Asian background	<input type="checkbox"/>	Please provide details:			

Black, Black Scottish, Black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>		
Any other Black background	<input type="checkbox"/>	Please provide details:			

Other Ethnic Group

Arab	<input type="checkbox"/>	Arab Scottish	<input type="checkbox"/>	Arab British	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Please provide details:			

Prefer not to say

Thank you for completing this form