# MYRE SIM FUND

RESEARCH AND TRAVEL GRANT APPLICATION FORM

*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:  Postcode: | | Tel:  Email: | |
| Current Status: *(tick appropriate box)*  Collegiate Member (RCPE)  Associate Member (RCPE)  Fellow (RCPE)  Medical Graduate (Uni. of Edinburgh) | | | |

**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**](mailto: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  Male  Prefer not to say

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age**:

16-24

25-34

35-44

45-54

55-64

65+

Prefer not to say ☐

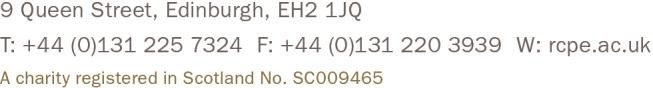
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability:** The Equality Act defines a disability as a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day-to-day activities. | | | | |
| Do you consider yourself to have a disability according to the above definition? | Yes | * No | * Prefer not to say |  |
| 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 | * Christianity | * Hinduism |  |
| Islam | * Judaism | * Sikhism |  |
| Other | * None | * Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual orientation:** Tick one box from the section below to indicate which best describes your sexual orientation. | | | |
| Bisexual | * Heterosexual | * Gay Man |  |
| Gay Woman/Lesbian | * Other | * Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic origin:** Tick one box from the following sections to indicate your ethnic origin. | | | |
| White British  Gypsy or Irish Traveller Welsh  Any other white background | * English * Northern Irish * ​ * Please provide details: | * Irish * Scottish |  |
| Mixed  White and Black Caribbean Any other mixed background | * White and Black African * Please provide details: | * White and Asian | |
| Asian, Asian Scottish, Asian British  Indian  Pakistani  Chinese  Any other Asian background  Please provide details: | | * Bangladeshi |  |
| Black, Black Scottish, Black British  Caribbean ☐ African  Any other Black background ☐ Please provide details: | |  | |
| Other Ethnic Group Arab  Any other ethnic group | * Arab Scottish * Please provide details: | * Arab British |  |
| Prefer not to say |  |  |  |

**Thank you for completing this form**

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