British Council for Prevention of Blindness (BCPB)
Research Mentorship Award Application Form 2019

How to apply

This is an application for a grant to start in 2020.

Please read the Research Mentorship Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy prior to completing this form.

All information relevant to your application must be included on this form.

Please do not amend this application form wording or submit an altered version.

Applicants with pre-existing working relationships may append pdf files of evidence eg. signed MOU, papers published together, or reports prepared on previous activities.

Application Deadlines

We require applications to be sent both by email and in hard copy. Please email your completed application to info@bcpb.org by 5pm on Friday 27 September 2019 and send a signed hard copy by post to The British Council for Prevention of Blindness, 4 Bloomsbury Square, London, WC1A 2RP to reach us no later than 5pm on Friday 4 October 2019.

No faxes will be accepted.

BCPB will be entitled to reject, without offering a reason, any application arriving after those deadlines.

Queries

If you have any queries please email Diana Bramson, BCPB Charity Manager – info@bcpb.org
1. Main aim of Research Mentorship Award (maximum 100 words)

2. Total grant sought (maximum amount is £15,000)

3. Name, work address and contact details of applicant Mentor (Mentor must be employed at a UK academic institution eg. university or NHS Trust and this institution must be willing to sign the ‘Undertakings’ section below and manage the funds)

4. Name, work address and contact details of applicant Mentee (Mentee must be employed as a member of staff in an academic institution or hospital in a low or lower-middle income country).

5. Dates for which the award is sought (one or two years, starting April 2020 or later)
   Start date: End date:

6. What is the need that the Research Mentorship Award would address (max 300 words)

7. What research would be developed through the Mentorship Award (max 400 words)

8. How will the research further the aims of ‘VISION 2020: The Right to Sight’? (max 200 words)

9. How does the research fit the priorities of the National Prevention of Blindness Plan or VISION 2020 Plan of the Mentee’s home country (max 200 words)
10. Describe the previous research experience of the Mentee (including relevant qualifications and publications, if any) (max 200 words)

11. Describe the previous research mentoring experience of the Mentor (this may be overseas or UK-based mentoring/supervision) (max 200 words)

12. Describe the length and nature of the existing relationship between Mentor and Mentee (max 200 words) (please attach any relevant documents eg MOU, publications)

13. What will happen after the award funding is finished? Describe your plans for the future (max 200 words)

14. Describe how the award from BCPB will be spent (max 200 words) and complete the budget below.

15. Is ethical approval required?

BCPB supports open access publication. Applicants are encouraged to include cost of open access publication in their proposal budget.
Budget (in £)

In the event of a change of circumstances, the applicant may wish to re-direct BCPB funding to costs that have not been included in the original application. This should be discussed with BCPB trustees before re-allocating BCPB funds.

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<th>Item</th>
<th>Explanation/justification</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Total (max £15,000)</th>
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<tbody>
<tr>
<td>Travel for Mentor to Mentee’s institution</td>
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<td>Accommodation and subsistence for Mentor visiting Mentee’s institution</td>
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<td>Travel for Mentee to Mentor’s institution</td>
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<td>Accommodation and subsistence for Mentee visiting Mentor’s institution</td>
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<td>Equipment costs (max £2,500)</td>
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<td>Other research costs (please describe)</td>
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<td>Other non-research costs eg. publication, attendance at conferences, (please describe)</td>
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<td>Any other costs (please describe)</td>
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</table>

**Total award sought**

**PLEASE CHECK ALL YOUR ARITHMETIC. Your application may be rejected if your budget contains errors.**

How did you hear about our grants?
Undertakings

Undertakings required when submitting an application for a BCPB Research Mentorship Award

1. **The Applicant/Mentor**

I confirm that the information contained in this application is, to the best of my knowledge, true and correct. I have read the *Research Mentorship Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy*.

Name (please print)……………………………………………………………………………………………

Signed……………………………………………Date…………………………………………………

2. **Head of Department at Applicant Mentor’s institution (UK)**

I have read the *Research Mentorship Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy* and, if this application is successful, I agree to abide by them. I have read and support this application and I am not aware of any relevant information that has been withheld or of any information given in the application that is misleading. I agree to the mentorship being carried out by a member of my department and all necessary permissions, licences and approvals for the research have been obtained or are being sought.

Name (please print)……………………………………………………………………………………………

Signed……………………………………………Date…………………………………………………

3. **Applicant Institution Administrator (UK)** (eg Chief Executive, Contracts Officer or Head of Finance)

I am authorised to make this undertaking on behalf of the applicant Mentor’s institution. I have read the *Research Mentorship Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy* and, if this application is successful, the applicant institution agrees to abide by them. On behalf of the applicant institution, I confirm that it will administer any grant and manage the funds as set out in the Budget section. The financial information provided has been prepared in consultation with an authorised finance officer and I confirm that the details are correct.

Name (please print)…………………………………………………………………………………………………………………………………………………

Signed…………………………………………… (duly authorised signatory)

Date………………………………………………………….

Position……………………………………….. Institution…………………………………….