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| **Small and Large Grant Schemes**  **Application Form**  **Applicants must read the Guidanceas they complete the Grant Scheme Application Form. The NBCDTP Academic Directors may reject any application failing to follow the guidance.**  **Complete ALL sections.**  **This form applies to Northern Bridge Consortium, Northern Bridge, and National Productivity Investment Fund award-holders.** |  |  |

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| **SECTION 1: to be completed by the award-holder** | | | | | | | |
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| **PERSONAL DETAILS** | | | | | | | |
| Name: | |  | | | | | |
| Student Number: | |  | | | | | |
| Funding Source: | | Choose an item. | | | | | |
| Institutional Email Address: | |  | | | | | |
| Institution: | | Choose an item. | | | | | |
| School/Department: | |  | | | | | |
| Primary Supervisor: | |  | | | | | |
| Primary Supervisor Email Address: | |  | | | | | |
| Application Scheme: | | Choose an item. | | | | | |
| Total Amount of Funding Requested: | | £ | | | | | |
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| **DETAILS OF ACTIVITIES REQUIRING TRAVEL** *(add more lines if necessary)* | | | | | | | |
| **DATE(S) FROM and TO** | | **LOCATION(S)** | | **REASON(S)** | | | |
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| **DETAILS OF MATERIALS/EQUIPMENT/SUNDRY ITEMS, FEES, etc.** *(add more lines if necessary)* | | | | | | | |
| **ITEM(S)** | | | **REASON(S)** | | | | |
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| **Case for Support: Describe the relevance of the activities/items listed above to your research:**  *(maximum 300 words)* | | | | | | | |
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| **ITEMISED COSTS** *(add more lines if necessary)* | | | | | | | |
| **ITEM** | | **ESTIMATED COST** | | | | **EVIDENCE ATTACHED** | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
|  | | £ | | | | YES  NO | |
| **TOTAL AMOUNT OF FUNDING REQUESTED FROM NBCDTP:** | | £ | | | |  | |
| **Have you secured supplementary funding from another source?** | | YES  NO | | | | | |
| **If Yes, please state the source and the level of funding provided:** | | Source: | | | | | £ |
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| **PRACTICAL ARRANGEMENTS AND DIFFICULTIES** | | | | | | | |
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| **Potential Risk or Hazard** | | **Measures that will be taken to reduce any risk** | | | | | |
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| **Travel and Transport**  How are you getting to the activity you are undertaking? Consider the use of vehicles, roads, flights, visas, FCO advice.  Risks to students and public of road/air accident causing risk of theft, injury, and fatality. | | * If going overseas, I will check and adhere to FCO travel advice. * I will use the safest possible transport available. * I will use reputable taxi companies which must be fitted with seatbelts. * I will keep my luggage close and monitored at all times. I will only store my luggage in appropriately locked facilities. * If going overseas, I will take electronic copies or photocopies of my passport and any other documents. * I will check the FCO website frequently and will not be travelling to or through any areas advised against.   ***Add any additional control measures that are specific to your activity:*** | | | | | |
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| **Dealing with People and Cultural Differences**  Consider the home or office environment, safety in public places, culture, landowners, authorities, interviewees, lone working.  Risk to students and members of the public of causing offence and confrontation. Risk of legal action and physical injuries. | | * I will do adequate research in preparation for my activity. * I will plan travel routes in commonly used areas and avoid areas of concern. I will use maps and other travel documents. * I will be aware of crowded areas, opportunistic theft and cultural sensitivity. * I will carry an adequate sum of money for the day but keep the amount to a minimum. * If confronted, I will hand over whatever items the aggressors request and report the incident to police. * I will ascertain the security in place at the host institution and remain vigilant at all times.   ***Add any additional control measures that are specific to your activity:*** | | | | | |
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| **Accommodation**  Risk to student of theft and exposure to aggressive behaviour. Risk of ill health due to unsafe living conditions. | | * I will use reputable accommodation and follow FCO, DTP and university guidance. * I will use available secure storage facilities for valuable items. * I will familiarise myself with emergency evacuation procedures and routes of evacuation upon arrival at my accommodation. * I will confirm accommodation security is in place as necessary. * I will take out any necessary accommodation insurance.   ***Add any additional control measures that are specific to your activity:*** | | | | | |
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| **Health**  Consider food, drink (including clean water), environment, immunizations, allergies. | | ***Add any control measures that are specific to your activity:*** | | | | | |
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| **Location and/or Regional Factors**  Think of urban hazards, FCO safety and security advice, cold/hot environment, weather, animals, insect bites, cliffs/crevices, slopes, deep water, tides, soft sediments.  Risks may include extreme weather conditions, wild life, physical threats, natural disasters, and/or civil disorder. | | * I will not travel alone. * I will not travel in high risk areas. * I will not work alone. * I will observe local advice.   ***Add any additional control measures that are specific to your activity:*** | | | | | |
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| **Activity Specific**  Think of river crossing, instream sampling, entering caves, coring, conducting interviews and observations. | | ***Add any control measures that are specific to your activity:*** | | | | | |
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| **Equipment Specific**  Thinks of heavy/hazardous equipment, sharp tools, electrical equipment, fragile equipment. | | ***Add any control measures that are specific to your activity:*** | | | | | |
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| **Other Hazards**  Please state any other risks or hazards you have identified. | |  | | | | | |
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| **Personal Protective Equipment (PPE)**  *Indicate on the list below which PPE is required for this fieldwork* | | **Risk Control Measures**  *Indicate the standard risk control measures needed.* | | | | | |
| Hi Viz Jacket | Walkie Talkie | Adequate drinking water | | | | | |
| First Aid Kit | Rope | Sunscreen / insect repellent | | | | | |
| Hard Hat | Climbing Gear | Notify land owners | | | | | |
| Hiking Boots | Dry Suit | Obtain permissions | | | | | |
| Wellington Boots | Goggles | Obtain local weather information | | | | | |
| Waders | Ear Protectors | Work in pairs/groups | | | | | |
| Emergency Blanket | Face Shield | Emergency details/medical form of participants | | | | | |
| Survival Bag | Protective Gloves | Mobile phone | | | | | |
| GPS | Satellite Phone | Insurance cover and documents | | | | | |
| **Other Control Measures**  List any other PPE or control measures that will be used. | |  | | | | | |
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| **Training**  Outline any specialist training needs to successfully carry out field tasks. | |  | | | | | |
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| **Emergency Contact** | | **Address/Telephone Number** | | | | | |
| Nominated Emergency Contact | | *Nominate a person whom we may contact if necessary (e.g. mother, father, spouse, partner):* | | | | | |
| Accommodation | | *Provide the full address of your proposed accommodation:* | | | | | |
| Local Emergency and Medical Services | | Ambulance:  Police:  Fire Service:  Local GP/Medical Facility:  Other: | | | | | |
| British Embassy/Consulate (if travelling overseas) | |  | | | | | |
| University Travel and Health Insurance | | Contact Details: | | | Policy Number: | | |
| University Emergency Contact | | School/Institute Office number: | | | | | |
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| **DECLARATION:** | | | | | | | |
| ***“I confirm that I have read the accompanying* Guidance Notes *and understand and accept the terms and conditions of the NBCDTP Small and Large Grant Schemes Fund, and have submitted this application in line with those terms and conditions. I have provided a fully itemised estimate of costs and have assessed any risks associated with the activity. I undertake to inform the NBCDTP of any changes to the details outlined above and understand that I will not be reimbursed for items/services that have not been approved. I have discussed this application with my supervisory team and have their support.”*** | | | | | | | |
| **Award-holder Signature:** | |  | | | | | |
| **Date:** | | Click here to enter a date. | | | | | |
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| **SECTION 2: SUBMISSION** | | | | | | | |
| *Please ensure the following supporting documents accompany your application:* | | | | | | | |
| **Your original 750-word Research Proposal:**  *Please do not attach your full original NBCDTP Studentship Nomination* | | | | | | |  |
| **An up-to-date Research Plan:** | | | | | | |  |
| **An up-to-date Training Needs Analysis:** | | | | | | |  |
| **Your latest Annual Progress Review:**  *New award-holders in the first year of their study are not required to submit this if their first review is yet to take place.* | | | | | | |  |
| **Evidence to support your estimated costs:** | | | | | | |  |
| **Conference Participation:**  *Evidence that you have been invited to present and a copy of your abstract, if applicable:* | | | | | | |  |
| **A Supporting Statement from your Supervisor (Large Scheme Grant Applications Only):**  *Supervisor(s) should state the purpose of the activity or equipment/materials required, and describe why it is necessary for the successful completion of the award-holder’s thesis*  *(max 100 words).*  *By supporting an award-holders’ application, supervisors are confirming that they have read the accompanying* Guidance Notes *and that the details completed by the award-holder above are accurate. They have assessed the academic need for the activity or equipment/materials and deem them a necessary contribution to the award-holder’s primary research and in line with the AHRC’s regulations for Training Grant Funding:*  [*https://ahrc.ukri.org/skills/phdstudents/award-holders-terms-and-conditions/*](https://ahrc.ukri.org/skills/phdstudents/award-holders-terms-and-conditions/) | | | | | | |  |
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| **The application should be merged into one complete PDF document in the order stated above and named using the following convention:**  **Award Holder Surname + Initial\_Host Institution\_GrantScheme\_Date DDMMYYYY**  **e.g. SmithJ\_QUB\_GrantScheme\_20062021**  **Please e-mail the completed, signed form to the**  **NBCDTP Administrator in your host institution:** | | | | | | | |
| **Durham University** | | northernbridge.admin@durham.ac.uk | | | | | |
| **Newcastle University** | | northernbridge.admin@newcastle.ac.uk | | | | | |
| **Northumbria University** | | northernbridge.admin@northumbria.ac.uk | | | | | |
| **University of Sunderland** | | faci-research@sunderland.ac.uk | | | | | |
| **Teesside University** | | research@tees.ac.uk | | | | | |
| **Queen’s University Belfast** | | northernbridge.admin@qub.ac.uk | | | | | |
| **Ulster University** | | northernbridge.admin@ulster.ac.uk | | | | | |

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| **Version Control** | |
| Version | 1.6 |
| Last Amendment | 16/11/2021 |
| Last Amended By | Sarah Rylance |