## *CRIS Cancer - Clinical Career Fellow Award 2025*

## *Application Form*

**To submit an application**: Please ensure that this document is submitted **in Word format only (no PDFs)** once **all** details, including signatures, supporting documents, and the checklist, are fully completed. It is the **applicant's responsibility** to obtain all necessary signatures.

Please send the **completed form** and **attached documentation** to: [cancertraining@medsci.ox.ac.uk](mailto:cancertraining@medsci.ox.ac.uk)  **no later than midday on 16 June 2025.**

Applications received after this time, in the wrong format, with signatures missing, and incorrect checklist documentation **will not be accepted**.

In addition to this form, please attach the following documents to your application

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| **Checklist of information to attach/include:** | **Details:** |
| 1. Research Statement | Please append a proposal of **up to 4 sides of A4 in a Word document** (minimum 11-point font, and **inclusive** of references and any figures and normal margins). This proposal should include the following, **in terms that will be comprehensible to a generalist audience of academics (rather than subject specialists)**:   * Project title * Project abstract * Project background * Research objectives and outcomes - with reference to both the academic value of the research and the potential for improving cancer patient care * Funding justification – enable reviewers to judge whether the above research programme is deliverable with to both your individual track record, as well as that of your host group leader. * Career aspirations – a description of the type of research role you envisage for yourself upon completion of this fellowship and a strategy for long term funding of this role. |
| 1. CV | Maximum 5-page CV and a separate publication list detailing position on authorship |
| 1. Training Programme Director Letter of Support | A letter confirming that the plan outlined above is compatible with you and your training programme directors’ vision for your clinical training. |
| 1. Host Group Leader Letter of Support | A letter summarising your host group leader’s willingness to host your fellowship and their rationale for their involvement. |

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| **APPLICANT(S) DETAILS:** | | |
| Name(s): |  | |
| Department/institution/unit/hub: |  | |
| Address for correspondence: |  | |
| Telephone: |  | |
| Email: |  | |
| It is the Oxford Cancer’s policy to add applicants to the membership of the Oxford Cancer and report on successful applications to our funding bodies and on our website. | Please tick this box if you are happy for us to do so with this project:  If not, please discuss with a member of the Centre’s Operational team | |
| We always receive more fundable applications that we have funding for. Are you happy for us to share your application with internal research funding groups? (This is to potentially identify alternative funding). | Yes No | |
| Does your application require ethics for human or animal studies? If so, please confirm stating the details: (e.g., MSD, Translation research office | Yes No  Details: | |
| Please indicate the type of project you have submitted. | Bioinformatics/Statistics  Clinical Informatics  Biochemistry/Chemistry  Cell Biology  Medical Imaging  Physics/Engineering | Medical Oncology  Radiation Oncology  Surgical Oncology  Epidemiology  -omics |
| Indicate to which cancer disease site(s) this project is relevant. | Breast  GI  Sarcoma  Lung  Pancreas  Brain  Liver | Melanoma  Oesophageal  Urological  Ovarian  Haematological  Other/non-specific  If other please state:  …………………………………………………. |
| **PATIENT AND PUBLIC INVOLVEMENT – PPI** | | |
| **Please indicate possible or existing PPI activity to support this project:** | | |
| PPI input into research design  Mentoring / buddying lab researchers  Ensuring relevance of question / outputs to patients  Help with public / patient facing material  PPI panel to co-produce study and provide strategic advice  Advocacy / promotion of research outcomes  Assistance with grant applications / patient co-applicants on grant  Guidance on recruitment of patients / feasibility of patient participation | | |
| This project does not lend itself to PPI activity *(please outline here):* | | |
| Other (*please outline here*): | | |
| **PROJECT DETAILS** | | |
| Start date of project: |  | |
| End date of project: |  | |
| **Purpose** | **Cost** | |
| Consumables |  | |
| Other (*please specify*) |  | |
| Posts and Salary |  | |
|  |  | |
| Total |  | |

It is the **responsibility of the applicant** to secure the below signatures (shown in purple boxes) **before** the application is submitted to the Oxford Cancer Team.

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| **FOR COMPLETION BY DEPARTMENTAL ADMINISTRATIVE / FINANCIAL CONTACT** | | | |
| Departmental administrative/ financial contact name, address, and email for correspondence: | |  | |
| Please tick here if the applicant’s position is funded for the duration of the project? | | Yes (Indicate expiry date of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No | |
| **Departmental administrative / financial contact signature:**  In doing so I confirm that I have reviewed the application and confirm that is successful that the Group Leader referenced has a contract lasting the beyond the end of the award and that my department will take responsibility for hosting and administering the attached award. | | (Insert signature here) | |
| **ENDORSEMENT BY HEAD OF DEPARTMENT/CHAIR OF FACULTY/HEAD OF SERVICE** | | | |
| ***Head of Department or Chair of Faculty to sign here to endorse the application***  In doing so they agree to provide the necessary facilities and confirm that the project would not entail a significant increase in use of any departmental space, and that any health and safety and ethical requirements would be covered by the department | | (Insert signature here) | |
| **Collaborator Support – each collaborator named on the application must sign the below or an email should be attached to the application form from them stating that they support the application and commit to the work as described.** | | | |
| Name | Date | Department | Signature |
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