Please refer to the accompanying guidelines before completing this form. Before submitting your form, please ensure you have completed everything on the checklist. This form and guidelines can be downloaded from [https://www.bsgct.org/undergraduates](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bsgct.org%2Fundergraduates&data=05%7C01%7CTeijeiraCrespoA%40cardiff.ac.uk%7C58224a92cc804005078408db05ce7607%7Cbdb74b3095684856bdbf06759778fcbc%7C1%7C0%7C638110156892627244%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FPodC1DCt21kq9g9%2BoIOgdVpmAJ1OZQrKIrYULh7JhA%3D&reserved=0).

All pages should be completed and returned electronically to board@bsgct.org quoting **URB 2025** in the subject line by the closing deadline on **Friday 4th April 2025 by 5pm GMT**. We unfortunately cannot consider applications returned by post, incomplete applications, or applications submitted after the deadline.

Receipt of your application will be acknowledged by 5pm on 5th April. If you have **not** received an email acknowledgement after this time, please contact us on: board@bsgct.org**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Title, First Name & Surname of **Supervisor**: |       |  |

|  |  |  |
| --- | --- | --- |
| **2** | Position of Supervisor: |       |

|  |  |
| --- | --- |
| **3** | Full Address with Post Code of Supervisor’s **Department and Institution** (for correspondence about the application): |
|       | Tel no: |       |
| E-mail: |       |
|  |  |

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| --- | --- |
| **4** | Name of **Student**:      |

|  |  |
| --- | --- |
| **5** | Title of proposed research project (max 20 words): |
|  |       |

|  |  |
| --- | --- |
| **6** | Brief summary of the research project for lay readers (max 200 words): |
|  |       |

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| **7** | Start date of project: |       | End date of project: |       |

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| --- | --- | --- | --- |
| **8** | Financial Details – Support for student£250 per week (minimum 6 weeks – maximum 8 weeks) | Number ofweeks –please state |       |

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| --- | --- | --- |
| **9** | Total Student Support requested: (not exceeding £2,000) **£** |       |
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|  | **STUDENT INFORMATION –** To be completed by the named undergraduate student |
| **10** | Do not exceed 2 pages of A4, and do not attach any additional documents.**STUDENT’S SUPPORTING INFORMATION***(NB. Please ensure you answer each question thoroughly as additional CVs are not accepted)* |
|  | a) Full Name, age on 1/1/2025, email address, and mailing address      b) Institution, degree course, and expected year of graduation     c) GCSE, GNVQ, ‘A’ Level or Standard and Higher level results or equivalent     d) University exam results to date, and ranking (if available)     e) What are your career aspirations? (max 250 words)     f) Have you previously been awarded a BSGCT undergraduate research bursary or other vacation scholarship? (Preference will be given to host supervisors who have not previously been awarded a BSGCT URB)     g) Will this work contribute directly to your degree? (eg. is this part of your final project; will you receive a mark which will contribute to your degree from this project?) (yes/no)     h) Why you would like to be considered for a research bursary, and why you have chosen this project and research group? (500 words max)     i) Please confirm that, if successful, you prepare a formal written report of your project, as well as a blog post of your experience that may be published on the BSGCT website, by no later than **30 Sep 2025**.      j) Any other information pertinent to your application you wish to share, such as leadership, extracurricular activities, or scientific motivation (optional, 200 words max)      |
|  | I accept the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy (signature may be scanned). |
|  | Student’s Signature, and Date |
|  |  |  |  |       |

**TUTOR’S STATEMENT** – Brief details of the student for who support is requested

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| --- | --- | --- |
| **11** | Name of Student: |       |

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| --- | --- | --- | --- | --- |
| **12** | Institution: |       | Degree Course: |       |

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| --- | --- | --- | --- | --- |
| **13** | Confirm that student is in penultimate year (eg. 2/3 or 3/4) |       | Year of Graduation: |       |
|  |  |  |  |  |
|  **14** | Supporting statement from the student’s academic tutor (who should **not** be the research supervisor applying).  |
|  | **How will the student benefit from receiving the grant?** (max 150 words)**What is the student’s motivation and academic performance to date?** (max 100 words)**What is the student’s likely final degree result and rank order in the course group?** (max 50 words)**Should any other factors (e.g. adversity, improving performance) be considered?** (max 100 words) |
|  | Tutor’s Name: |       | Position: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Tutor’s Signature (may be scanned): |       | Date: |       |

**RESEARCH SUPERVISOR –** To be completed by the primary grant applicant (host supervisor)

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| --- | --- | --- | --- |
| **15** | Are you applying for other funds for this student or project? | YES/NO: |       |
|  |  |  |  |
| **16** | If yes, please give details and when the result is expected: |       |
| **17** | How many years’ experience do you have as an independent researcher?**PLEASE INDICATE IF YOU ARE A POST-DOCTORAL RESEARCHER OR RECENTLY APPOINTED LECTURER** |       |

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| **18** | I accept the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy |
|  | **Research Supervisor’s Signature**: |       | Date: |       |
|  |  |  |  |  |
| **19** | For information only, from what source did you learn about these awards? |       |
|  |  |
| **20** | **Statement of the research to be carried out** |
|  | **Title** (max 20 words)**Background** (max 200 words)**Aims and experimental approach** (max 300 words)**References (**Up to three recent literature references with DOI. Please do **not** send reprints)**Supporting resources** (Details of other funds and facilities available to support the project. Max 100 words)**Student role** (details about the role of the student in this project, including what arrangements will be made to supervise the student. Max 100 words)**Timeline and objectives** (Max 100 words) |

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| **20** | Key words (up to 6): |
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| **21** | **Subject Area** – Please indicate which subject the proposed project best fits (you can select more than one option) |
|  | Non-viral gene therapy | [ ]  | Stem cells | [ ]  | Cancer and oncolytics | [ ]  | Monogenic and hereditary disease | [ ]  |

|  |  |  |  |  |  |  |  |  |
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|  | Viral gene therapy  | [ ]  | Immunotherapy | [ ]  | Cardiovascular/ocular disease | [ ]  | Vectorology/ Genetic vaccines | [ ]  |

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| **22** | Have you previously been awarded BSGCT or other undergraduate research bursaries? | YES / NO |       |
|  | If yes, please give the year, career track of the bursar and any use of the bursary results e.g. in publications, grant applications or further research: |
|  |       |

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|  | Does the proposed research involve ***human participants***? (See Conditions of Award 3a) | YES / NO |       |
| **23** | If yes (leave blank if no): |
|  | Are ethical issues raised by this research? | YES / NO |       |
|  | Have they been discussed in this application? | YES / NO |       |
|  | Has this application received independent ethical scrutiny? | YES / NO |       |
|  |  |  |  |
|  | Does the proposed research involve ***human material, patients or personal information***? (See Conditions of Award 3b)  |
| **24** | If yes (leave blank if no), explain:  |
|  | YES / NO |       |
|  | Nature of the human material / information |       |
|  | Has the research received appropriate Research Ethics Committee approval? | YES / NO |       |
|  | Name of the Committee: |       |
|  | Date of Approval:  |       |
|  |  |  |
| **25** | Does the proposed research involve the use of ***protected animals*** in regulated procedures under the Animals (Scientific Procedures) Act 1986?  | YES / NO |       |
|  | If so – what species and how many animals? |       |
|  | Are any of the procedures of substantial severity? | YES / NO |       |
|  | Project licence number covering the work proposed: |       |
|  | Project licence expiry date: |       |

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| **26** | **TO THE HEAD OF DEPARTMENT** |
|  | The Trustees will not normally award more than **two** bursaries to an individual department or subject area within a multi-disciplinary department or school. Please bear in mind that this is a national scheme with a limited number of bursaries.**Heads of Department are asked to ensure**:1. the project and the roles of the student and supervisor are clearly described and can be supported by the facilities of the host department;
2. that only one application is submitted per supervisor;
3. that if multiple applications are submitted by a multi-disciplinary department or school they are from different subject areas. Please bear in mind that this is a national scheme with a limited number of bursaries.
4. Adequate insurance cover will be provided for students during their placement.

This application is made with my support.The investigation complies with this Institution’s safety and ethical regulations. If ethical issues are raised by the proposal they will receive independent ethical scrutiny before the work is carried out and the institution will accept responsibility for the ethical conduct of the research.The Institution will administer the bursary, if awarded by the BSGCT, and will ensure that the requirements of all relevant regulatory authorities will be met before the work commences.The Institution accepts the Conditions of Award, Reporting Requirements and the BSGCT’s Data Protection Policy. |
| **27** | Please type name of Head of Department:(signing on behalf of the Institution) |       |
|  | Head of Department’s signature **(can be scanned)**: |  | Date: |       |
| **28** | If the application is successful, a cheque will be made payable to the Institution and sent direct to the Research Supervisor who should ensure it goes to the appropriate Finance Office. |
|  | Please give the Institution’s full payee name (as will appear on the cheque): |       |

**Before sending in this form, please check that:**

|  |  |
| --- | --- |
| The student and supervisor are both members of BSGCT | [ ]  |
| All sections have been completed | [ ]  |
| The **student** has signed the form (line item 10) | [ ]  |
| The student’s **tutor** has signed the form (line item 14)  | [ ]  |
| The research **supervisor** has signed the form (line item 18) | [ ]  |
| The **Head of Department** has signed the form (line item 27)  | [ ]  |
| A Word doc or pdf of the application form has been emailed to board@bsgct.org by the closing date with “URB 2025” in the email subject line | [ ]  |