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## Senior Equine Clinical Scholarships

**2023 APPLICATION FORM**

**For Clinical Scholarships commencing in the year from**

**1 April 2024**

Please refer to the supplied guidance notes for information on how to complete this form. The section and item references correspond.

**The deadline for applications for awards starting in the twelve months from 1 April 2024 is**

**2pm on Tuesday 11 July 2023.**

This form must be submitted as an email attachment, in Word format, to [equine.grants@hblb.org.uk](mailto:equine.grants@hblb.org.uk).

If you have any queries on completing this form, please contact the HBLB Equine Grants Team at [equine.grants@hblb.org.uk](mailto:equine.grants@hblb.org.uk).

**SECTION 1: GENERAL**

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| **1.1 Applicant and institution**  Title: Choose an item.  Forename: Click here to enter text.  Surname: Click here to enter text.  Qualifications: Click here to enter text.  Post Held: Click here to enter text.  Department: Click here to enter text.  Institution: Click here to enter text.  Address: Click here to enter text.  Telephone number: Click here to enter text.  Email address: Click here to enter text.  Is this application supported by a Senior Supervisor? Choose an item.  If ‘yes’, section 4 must be completed by both the Applicant and the Senior Supervisor. |
| **1.2 Field of Clinical Scholarship** Please state the chosen field in up to 6 words.    Click here to enter text. |
| * 1. **Start date**   Click here to enter a date. |
| **1.4 Resubmission**  Is this application a resubmission of an application previously considered by the HBLB?  Choose an item. If ‘yes’, please answer the following questions.  When was the application last considered? Please state the year.  Click here to enter text.  What was the HBLB’s reference number?  Click here to enter text.  Briefly state how this application differs from the previous one.  Click here to enter text. |
| * 1. **Submission to other funding sources**   Is this or a related application currently submitted elsewhere or to be submitted before  31 July 2021? Choose an item.  If ‘yes’, to which organisation? Click here to enter text.  By what date is the decision expected? Click here to enter a date. |
| * 1. **Concurrent Senior Clinical Scholarships/Residencies**   Click here to enter text. |

**SECTION 2: PROGRAMME**

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| **2.1 Programme** Use up to four pages, minimum font size 12.  Click here to enter text. |

**SUMMARY OF OBJECTIVES AND MILESTONES**

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| **OBJECTIVE** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** |
| ***For example:***  *Research training and obtain MSc by Research* | *Attend University research training workshops*  *Enrol for MSc*  *Complete literature review* | *Undertake data collection* | *Begin data analysis* | *Complete and submit thesis* |
| ***For example:***  *Obtain European Diploma* | *Register programme and Scholar with European College* | *Complete x of y required weeks training in clinical speciality and in related disciplines, including visit to centre of excellence*  *Initiate case log* | *Complete remaining weeks training in clinical speciality and in related disciplines*  *Log remainder of requirement*  *Submit first paper* | *Sit Diploma exam*  *Submit second paper* |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**SECTION 3: CLINICAL RESEARCH PROJECT**

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| **3.1 Lay summary** In lay language briefly summarise the research project. Max 150 words.  Click here to enter text. |

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| **3.2 Clinical Research Project** Use up to three pages, minimum font size 12.  Click here to enter text. |

**SECTION 4: CURRICULUM VITAE**

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| How many supervisors are there for the scholarship? Choose an item.  This section must be completed by the Applicant and, where applicable, by a Senior Supervisor. Any additional Supervisor(s) named in the application should also complete the section or, where more than one, using the CV template at CS Annex A, which must be submitted with the email application.  List here the Supervisor(s) submitting their CV on CS Annex A:  Click here to enter text. |
| **4.1 Applicant**  Title: Choose an item.  Forename: Click here to enter text.  Surname: Click here to enter text.    Degrees, diplomas etc. State subject, class, University and dates in each case.  Click here to enter text.  Other qualifications. Give details and dates.  Click here to enter text.  Job title: Click here to enter text.  Department: Click here to enter text.  Institution: Click here to enter text.  Date of appointment: Click here to enter a date.  Conclusion of appointment (if applicable): Click here to enter a date.  Source of your salary. Choose an item.  If ‘other’, please give details: Click here to enter text. |
| * 1. **Last three posts held**  1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date. |
| **4.3 How many Clinical Scholarships/Residencies or equivalent have been completed under your supervision to date? Give names, dates and title of award, e.g. Scholarship in Equine Surgery and state how many, if any, were funded by the HBLB.**  Click here to enter text. |
| **4.4 What higher qualifications were achieved by each of the individuals concerned during their awards or within two years of the conclusion of their awards?**  Click here to enter text. |
| **4.5 How many Clinical Scholars/Residents or equivalent do you currently supervise? Please state which year/which stage of training each one will be at on the intended start date of this Clinical Scholarship**  Click here to enter text. |
| * 1. **Other supervisory/management experience**   If you have not previously taken full responsibility for supervising any Clinical Scholarships/Residencies or equivalent, please describe any supervisory or management experience you have that is relevant in the context of this application.  Click here to enter text. |
| * 1. **Publications**   Give full citations for your last five publications in refereed journals. Publications in press may be included: please mark ‘in press’ and give the name of the journal to which submitted, date of submission and title of paper. **OR provide a weblink.**   1. Choose an item.Click here to enter text. 2. Choose an item.Click here to enter text. 3. Choose an item.Click here to enter text.      1. Choose an item.Click here to enter text.      1. Choose an item.Click here to enter text. |

**SECTION 5: ADDITIONAL SUPERVISOR’S DETAILS (if applicable)**

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| * 1. **Additional Supervisor** if applicable)   Title: Choose an item.  Forename: Click here to enter text.  Surname: Click here to enter text.    Degrees, diplomas etc. State subject, class, University and dates in each case.  Click here to enter text.  Other qualifications. Give details and dates.  Click here to enter text.  Job title: Click here to enter text.  Department: Click here to enter text.  Institution: Click here to enter text.  Date of appointment: Click here to enter a date.  Conclusion of appointment (if applicable): Click here to enter a date.  Source of your salary. Choose an item.  If ‘other’, please give details: Click here to enter text. |
| * 1. **Last three posts held**  1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date. |
| * 1. **How many Clinical Scholarships/Residencies or equivalent have been completed under your supervision to date? Give names, dates and title of award, e.g. Scholarship in Equine Surgery and state how many, if any, were funded by the HBLB**.   Click here to enter text. |
| * 1. **What higher qualifications were achieved by each of the individuals concerned during their awards or within two years of the conclusion of their awards?**   Click here to enter text. |
| * 1. **How many Clinical Scholars/Residents or equivalent do you currently supervise? Please state which year/which stage of training each one will be at on the intended start date of this Clinical Scholarship**   Click here to enter text. |
| * 1. **Other supervisory/management experience**   If you have not previously taken full responsibility for supervising any Clinical Scholarships/Residencies or equivalent, please describe any supervisory or management experience you have that is relevant in the context of this application.  Click here to enter text. |
| **5.7 Publications**  Give full citations for your last five publications in refereed journals. Publications in press may be included: please mark ‘in press’ and give the name of the journal to which submitted, date of submission and title of paper. **OR provide a weblink.**   1. Choose an item.Click here to enter text. 2. Choose an item.Click here to enter text. 3. Choose an item.Click here to enter text. 4. Choose an item.Click here to enter text. 5. Choose an item.Click here to enter text. |

**SECTION 6: SENIOR SUPERVISOR’S DETAILS (if applicable)**

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| * 1. **Senior Supervisor** (if applicable)   Title: Choose an item.  Forename: Click here to enter text.  Surname: Click here to enter text.    Degrees, diplomas etc. State subject, class, University and dates in each case.  Click here to enter text.  Other qualifications. Give details and dates.  Click here to enter text.  Job title: Click here to enter text.  Department: Click here to enter text.  Institution: Click here to enter text.  Date of appointment: Click here to enter a date.  Conclusion of appointment (if applicable): Click here to enter a date.  Source of your salary. Choose an item.  If ‘other’, please give details: Click here to enter text. |
| * 1. **Last three posts held**  1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date.   1. Job title: Click here to enter text.   Department: Click here to enter text.  Institution: Click here to enter text.  From: Click here to enter a date. to: Click here to enter a date. |
| **6.3 How many Clinical Scholarships/Residencies or equivalent have been completed under your supervision to date? Give names, dates and title of award, e.g. Scholarship in Equine Surgery and state how many, if any, were funded by the HBLB.**  Click here to enter text. |
| **6.4 What higher qualifications were achieved by each of the individuals concerned during their awards or within two years of the conclusion of their awards?**  Click here to enter text. |
| * 1. **How many Clinical Scholars/Residents or equivalent do you currently supervise? Please state which year/which stage of training each one will be at on the intended start date of this Clinical Scholarship**   Click here to enter text. |
| * 1. **Other supervisory/management experience**   If you have not previously taken full responsibility for supervising any Clinical Scholarships/Residencies or equivalent, please describe any supervisory or management experience you have that is relevant in the context of this application.  Click here to enter text. |
| **6.7 Publications**  Give full citations for your last five publications in refereed journals. Publications in press may be included: please mark ‘in press’ and give the name of the journal to which submitted, date of submission and title of paper. **OR provide a weblink.**   1. Choose an item.Click here to enter text. 2. Choose an item.Click here to enter text. 3. Choose an item.Click here to enter text. 4. Choose an item.Click here to enter text. 5. Choose an item.Click here to enter text. |

**SECTION 7: SCIENTIFIC PROCEDURES ON ANIMALS**

(see Annex 4, section 5)

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| **7.1 Will these proposals involve scientific procedures on animals?**  Choose an item.  If ‘yes’, please complete the following sections.  If ‘no’, please go to Section 7. |
| **7.2 Does the Supervisor have the appropriate licence under the Animals (Scientific Procedures) Act 1986?**  Choose an item.  If ‘yes’ there is no need for the Scholar to replicate the process – please omit 7.3 below  If ‘no’, please complete the following sections. |
| * 1. **State the plan, including timings, for obtaining the necessary licensing for the Scholar under the Animals (Scientific Procedures) Act 1986**   Click here to enter text. |
| **7.4** **State the plan, including timings, for obtaining the approval of the host institution’s ethical committee for the proposed scientific procedures**  Click here to enter text. |
| **7.5** **Use of horses and/or ponies**  Why is the use of horses or ponies necessary to this project? Make it clear why other approaches that would not involve horses/ponies are not possible  Click here to enter text.  Why is the chosen breed the most appropriate?  Click here to enter text.  If a non-Thoroughbred has been chosen, explain how this breed is appropriate as a model for the Thoroughbred  Click here to enter text. |
| **7.5 Use of Other Species**  If a species of animal other than the horse has been chosen for this work, justify its use  Click here to enter text. |
| * 1. **Number of Animals**   State the case for the expected number of animals required and the factors that might affect this. State how the number of animals required will be calculated. Give this information separately for every species and/or group of animals that you propose to use in this project.  Click here to enter text.  **NOTE: The HBLB will consider applications for Senior Equine Clinical Scholarships for which Home Office authorisation and ethical approval have yet to be obtained. However, no scientific procedures on animals may commence unless and until it has been confirmed to the HBLB that the appropriate licences and approval have been granted.** |

**SECTION 8: DECLARATIONS**

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| Typed names are sufficient to submit an application. Successful applicants will be required to submit original signature declarations as part of any award offer by HBLB.  **Please note: Where training is to be provided in another institution/centre of clinical excellence, letters of agreement from the other centre(s) to providing that training must also be attached.** |
| Applicant I will be actively engaged in the day-to-day supervision of this programme. I have read and understood the Terms and Conditions of Senior Equine Clinical Scholarships and agree to comply with them. I also agree to ensure that the Scholar appointed so complies. All personal data given about me in this application are accurate. I consent to the HBLB recording personal data about me, and other data, contained in this application in its database(s) and processing such data in any way relevant to the HBLB’s interests in funding post-graduate veterinary education.  Under the Freedom of Information Act, the HBLB may be obliged to disclose information that it holds on Clinical Scholarships (including the application for funding) to the public on request, unless that information is exempt from disclosure. Confidential information is exempt. |
| I **Choose an item.** (select as appropriate) wish information on this Scholarship to be treated as confidential by the HBLB and therefore exempt from public disclosure. |
| Name: Click here to enter text.Date: Click here to enter a date. |
| Supervisor (if applicable)  I agree to guide and support the applicant in his/her supervision of this programme. All personal data given about me in this application are accurate. I consent to the HBLB recording personal data about me, and other data, contained in this application in its database(s) and processing such data in any way relevant to the HBLB’s interests in funding post-graduate veterinary education.  Name: Click here to enter text.  Date: Click here to enter a date. |
| Senior Supervisor (if applicable)  I agree to guide and support the applicant in his/her supervision of this programme. All personal data given about me in this application are accurate. I consent to the HBLB recording personal data about me, and other data, contained in this application in its database(s) and processing such data in any way relevant to the HBLB’s interests in funding post-graduate veterinary education.  Name: Click here to enter text.  Date: Click here to enter a date. |

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| Head of Department or Practice  I have read and support this application. I agree to the proposed programme being carried out in my department or practice.  Name: Click here to enter text.  Date: Click here to enter a date.  Post held: Click here to enter text. |
| Institution Administrative Authority  I have read and understood the Terms and Conditions under which Senior Equine Clinical Scholarships are awarded. I will ensure that grants awarded are used for the purposes for which they are given and in accordance with the Terms and Conditions of Senior Equine Clinical Scholarships. The finances of this institution are subject to formal periodic audit. It is intended to maintain support for the Department in which the Scholarship will be conducted during the proposed period of the award.  Name: Click here to enter text.  Date: Click here to enter a date.  Post held: Click here to enter text. |

**Finally, please could you let us know how you heard about the HBLB’s Senior Equine Clinical Scholarships?**

|  |  |
| --- | --- |
| I am a current HBLB grant holder |  |
| I am a previous HBLB grant holder |  |
| Information was supplied by institution |  |
| Email from HBLB Equine Grants team |  |
| HBLB website |  |
| Other (please describe): |  |

Click here to enter text.