## HBLB_logo_180.jpg

10 South Colonnade, Canary Wharf, London E14 4PU

Telephone: +44 (0)20 7333 0043

Email: [equine.grants@hblb.org.uk](mailto:equine.grants@hblb.org.uk)

## Equine Post-Doctoral Fellowships

**APPLICATION FORM 2023**

**For Equine Post-Doctoral Fellowships commencing in the twelve months 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 in the year beginning in the twelve months from 1 April 2024 is 2pm 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**  Title: Choose an item. Forename: Click here to enter text. Surname: 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. |
| **1.2 Primary Host Institution of Fellowship**  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.  **------------------------------------------------------------**  **Co-Host Institution(s) of Fellowship (if applicable)**  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.  **------------------------------------------------------------**  **Named Sponsor:**  Title: Choose an item. Forename: Click here to enter text.Surname: Click here to enter text.  Department and Institute: Click here to enter text.  Position: Click here to enter text.  **------------------------------------------------------------**  **Mentor(s) – if applicable:** Replicate for more than one mentor is appropriate  Title: Choose an item. Forename: Click here to enter text.Surname: Click here to enter text.  Department and Institute:  Position: Click here to enter text. |
| **1.3 Field of Fellowship**  Please state the chosen field in up to 6 words.    Click here to enter text. |
| **1.4 Proposed start date** (to be within 12 months of award and agreed in advance with HBLB)  Click here to enter a date. |
| **1.5 Referees**   1. Title: Choose an item. Initials: Click here to enter text.   Forename: Click here to enter text. Surname: Click here to enter text.  Qualifications: 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.   1. Title: Choose an item. Initials: Click here to enter text.   Forename: Click here to enter text. Surname: Click here to enter text.  Qualifications: 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.   1. Title: Choose an item. Initials: Click here to enter text.   Forename: Click here to enter text. Surname: Click here to enter text.  Qualifications: 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.  If there is/are any individual/s who you do not wish the HBLB to ask for an opinion on this application, please state their title, initials, surname and institution:   1. Title: Choose an item. Initials: Click here to enter text. Surname: Click here to enter text.   Institution: Click here to enter text.   1. Title: Choose an item. Initials: Click here to enter text. Surname: Click here to enter text.   Institution: 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. |

**SECTION 2: RESEARCH PROGRAMME**

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| * 1. **Lay summary(in language capable of understanding by non scientist)(Max 500 words)**   **Click here to enter text.** |
| * 1. **Technical summary (Max 500 words)**   **Click here to enter text.** |
| * 1. **SMART objectives**   **Click here to enter text.** |
| * 1. **Relevance to the Thoroughbred**   **Click here to enter text.** |
| **2.5 Impact that the project will have on the care and management of the Thoroughbred?**  **Click here to enter text.** |
| * 1. **Detailed description of the project – up to three pages using font size 12**   Click here to enter text. |
| * 1. **Short and long term career aspirations with explanation of how the Fellowship will allow you to achieve these (Max 500 words)**   Click here to enter text. |
| * 1. **How will the skills and expertise you will gain allow you to make a unique contribution to equine veterinary science? (Max 200 words)**   Click here to enter text. |
| * 1. **Facilities and experience relevant to the Fellowship available at the host and co-host institutions (Max 500 words)**   Click here to enter text. |
| * 1. **Publication and Presentation Plan**   Click here to enter text. |

**SECTION 3: APPLICANT’S CURRICULUM VITAE**

This section must be completed by the Applicant

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| **3.1 Applicant**  Title: Choose an item. Forename: Click here to enter text. Surname: Click here to enter text.    First Degrees, diplomas etc. State subject, class, University and dates in each case:  Click here to enter text.  PhD Title, Area of Study, University and dates.  Click here to enter text.  If PhD not yet complete, expected date of completion: Click here to enter text.  Name of PhD Supervisor Click here to enter text.  Other qualifications: Give details and dates  Click here to enter text.  -----------------------------------------------------------  Current job title: Click here to enter text.  Department, institution and address: Click here to enter text.  Date of appointment: Click here to enter text.  Source of salary/scholarship: Click here to enter text. |
| **3.2** **Previous posts held**   1. Job title: Click here to enter text.   Department, institution and address: 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. |
| **3.3 Publications**  Give full citations for all 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. **Alternatively you may provide a weblink to your publications list if it is available online.**   1. Choose an item.Click here to enter text.   **Copy and repeat for all peer-reviewed publications** |

**SECTION 4: SPONSOR’S DETAILS**

**The sponsor must complete section 4.6**

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| **4.1 Sponsor**  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 and Institution: Click here to enter text.  Date of appointment: Click here to enter a date.  Source of your salary. Choose an item. |
| **4.2 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 post-doctoral researchers have you supervised or mentored previously?**   Click here to enter text. |
| **4.4 Other supervisory/management experience**  If you have not previously taken full responsibility for supervising any Fellowships 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. |
| **4.5 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. **Alternatively, you may provide a weblink to your publication list if it is available online.**   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. |
| **4.6 Relationship with Applicant**  In what capacity do you know the applicant? Click here to enter text.  How long have you known the applicant? Click here to enter text.  Please confirm your endorsement of the applicant’s scientific ability and suitability for this Fellowship Click here to enter text. |

**SECTION 5: MENTOR’S DETAILS**

**NB The mentor must complete section 5.6**

**AND this section needs to be replicated for each mentor if there is more than one**

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| **5.1 Mentor**  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 and Institution: Click here to enter text.  Date of appointment: Click here to enter a date.  Source of your salary. Choose an item. |
| * 1. **Last three posts held**  1. Job title: Click here to enter text.    1. Department: Click here to enter text.    2. Institution: Click here to enter text.    3. From: Click here to enter a date. to: Click here to enter a date. 2. Job title: Click here to enter text.    1. Department: Click here to enter text.    2. Institution: Click here to enter text.    3. From: Click here to enter a date. to: Click here to enter a date. 3. Job title: Click here to enter text.    1. Department: Click here to enter text.    2. Institution: Click here to enter text.   From: Click here to enter a date. to: Click here to enter a date. |
| * 1. **How many post-doctoral researchers have you supervised or mentored previously?**   Click here to enter text. |
| **5.4 Other supervisory/management experience**  If you have not previously taken full responsibility for supervising any Fellowships 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. |
| **5.5 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. **Alternatively, you may provide a weblink to your publication list if it is available online.**   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. |
| **5.6 Relationship with Applicant**  In what capacity do you know the applicant? Click here to enter text.  How long have you known the applicant? Click here to enter text.  Please confirm your endorsement of the applicant’s scientific ability and suitability for this Fellowship Click here to enter text. |

**SECTION 6: SCIENTIFIC PROCEDURES ON ANIMALS**

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| **Please confirm that you have read and understand the HBLB’s policy on Animals in Veterinary Research.**  Evidence of appropriate licences and ethical committee approvals may be requested by HBLB.  HBLB reserves the right to request access to signed owner informed consent forms which must be obtained for all research involving client owned animals.  **YES/ NO/ Not applicable** Delete as appropriate |

**SECTION 7: 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 more than one institution is involved, letters of agreement from Heads of Department/Institute at the other institute(s) must also be attached.** |
| Applicant I have read and understood the Terms and Conditions of Equine Post-Doctoral Fellowships and agree to comply with them. 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 Fellowships (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 Fellowship 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. |
| Sponsor  I agree to guide and support the applicant in his/her Fellowship 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. |
| Mentor(s)  I agree to support the applicant during placements in his/her Fellowship 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 in Host Institute  I have read and support this application. I agree to the proposed programme being carried out in my department. I undertake to appoint the Fellow’s line manager (who may or may not also be the Sponsor) and to ensure that suitable alternative arrangements for supervision of the Fellow to be made available if the Sponsor becomes unavailable to fulfil this commitment for any reason.    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 Equine Post-Doctoral Fellowships 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 Equine Post-Doctoral Fellowships. The finances of this institution are subject to formal periodic audit. It is intended to maintain support for the Department in which the Fellowship will be conducted during the proposed period of the award, including during periods of time when the Fellow is visiting Co-host establishments.  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** Equine Post-Doctoral Fellowships**?**

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| 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.