

# UNIVERSITY OF LONDON

## APPLICATION FOR C W MAPLETHORPE POSTDOCTORAL FELLOWSHIP FOR PHARMACEUTICAL EDUCATION AND RESEARCH

**IMPORTANT:** Applicants are encouraged to collaborate in the development of their proposed application with their academic sponsor but you must write the proposal yourself.

This form must be completed and returned by email to [maplethorpe@ucl.ac.uk](mailto:maplethorpe@ucl.ac.uk) no later than **Wednesday, 17<sup>th</sup> April 2024** for a Fellowship commencing in the following academic year. Applications should be completed in 11 point typeface.

This form will be stored electronically, circulated in its entirety to the Management Panel for Maplethorpe Fellowships, and will be deleted in accordance with the University's Records Retention Schedule.

Applicants will be notified of the outcome of their application. Interviews will be held online using MS Teams or Zoom, exact date TBC.

### Personal Details

Surname:

First name:

Title:

Address for correspondence:

Postcode:

Tel. No.:

Email address:

Where did you learn of this award:

Proposed institution for tenure of award:

Give the names and email addresses of the two independent referees who have been involved in your education and training. One of these referees should be your PhD supervisor unless this person will act as the academic sponsor of your proposed project.

1.

2.

I certify that, to the best of my knowledge and belief, the information given on this form is complete and accurate, and I undertake to notify the University immediately of any changes in the information given (See Regulation 8).

Signed \_\_\_\_\_ Date \_\_\_\_\_ (Candidate)

I confirm that I support this application and that if an award is made, the candidate would be accepted in the Department in accordance with the terms and conditions of Maplethorpe Fellowships. I acknowledge that a support grant normally up to £8,000 p.a. will be provided by the Maplethorpe Trust Fund towards the equipment and consumable materials of the proposal: any additional expenses must be made up by the Department from other funding sources.

Countersigned \_\_\_\_\_ Date \_\_\_\_\_

(Director of the UCL School of Pharmacy or Head of the Pharmacy Department, King's College London)

**Academic Record (undergraduate and postgraduate)**

Dates		Institutions attended	Subjects studied	Qualifications gained with full details of class of honours, prizes and awards held, with value.
From	To			

**Employment and other activities:**

Dates		Organisation	Occupation	Salary per annum
From	To			

**Details of publications**

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*(Continue on a separate sheet if necessary)*

**If currently registered for a higher degree:**

Institution:	
Degree:	
Name of supervisor:	
Title of thesis:	
Expected end date:	
Details of any awards currently held:	

**Personal details:**

Permanent address (if different from correspondence address):	
Do you have the right to reside and work in the UK?	YES/NO (delete as appropriate)

General research interests in brief (200 words maximum):

Subsequent career envisaged:

Details of related applications for other fellowships, scholarships or grants made over the past year or currently under consideration (including when a decision is expected):

**C W Maplethorpe Fellowship**

Brief title of proposed project:

Name and address of the project academic sponsor under whose guidance you will be working on this research:

**Please provide your own full statement on page 5 of this form and continue on a separate sheet if necessary**

Period of tenure applied for:

Brief outline of how you have contributed to the generation and flow of new ideas, hypotheses of this proposal (300 words):

**Full Statement of Proposed Project ( e.g. including expected milestones and the potential impact of the work)**

This should be no more than 1,000 words (excluding references), typed in point 11 and include a maximum of two figures or tables; **a word count must be provided.** In addition, on a separate sheet, you should provide an estimate of the running costs of your project (for first year and second year separately), e.g. equipment and materials required in the first year. This statement must be countersigned by either the Director of UCL School of Pharmacy or Head of the Pharmacy Department, King’s College London.

Please tick the box if this work is likely to lead to a patentable exploitation [See Regulation 14]

*(Continue on a separate sheet if necessary)*

**Recommendation from Sponsor of Proposed Project**

This section should be completed by the academic sponsor of your proposed project.

Please provide a recommendation for the applicant. The recommendation should include information on the applicant's suitability for the project, what support would be available to the applicant should they be appointed, and how the proposed research relates to your ongoing research activity. (Approximately 300 words)

#### Data Protection Statement

Access to this information will be restricted to a limited number of authorised King's and UCL staff and appointed external advisors. The information may also be used for the purposes of compiling employee statistics and equal opportunities monitoring.

I understand this information being processed and stored (by means of a computer database or otherwise) as described above, for the duration of my contract of employment and to fulfil the statutory, or recommended, retention periods when I am no longer an employee at King's College London or UCL. For more information on how your data will be processed please visit the King's privacy notice [here](#) or the UCL privacy notice [here](#).

I confirm that all the information given on this form is complete and correct by printing my name below.

**PRINT NAME:**

**DATE:**

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Please note that failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal.