**Bioscience Impact and Knowledge Exchange Fellowships 2023 Application Form**

The Bioscience Impact and Knowledge Exchange Fellowship (IKEF) aims to support the exchange of people between **non-academic partners (industry, policy makers or the third sector) and academia** to create a two-way flow of knowledge and expertise, allowing both partners to benefit from new perspectives and insights. **Please refer to the**  [Bioscience Impact and Knowledge Exchange Fellowship guidance](https://www.research-strategy.admin.cam.ac.uk/file/02-biosciikefguidancedocx#overlay-context=bbsrc-impact-acceleration-account) **and the** [**Summary of Terms and Conditions**](https://www.research-strategy.admin.cam.ac.uk/impact/funding-impact/summary-impact-acceleration-account-iaa-terms-and-conditions) **prior to completing this form.** We **strongly encourage** reaching out to Dr Carmen Fernandez-Posada and Lauren Maggs (iaa@admin.cam.ac.uk) to discuss your idea in advance of submitting your application, so that we can provide tailored support and advice to maximise the strength of your application.

Please submit your application and supporting documents **as PDFs** via the [IAA Application System](https://forms.office.com/pages/responsepage.aspx?id=RQSlSfq9eUut41R7TzmG6RO90bOjjQpMj0lLqsyC-d9UMFFJWFVDN1NGMEFFRDFSMVA4UlNJVkw3TiQlQCN0PWcu).

Application checklist:

[ ]  Placement proposal is in the [BBSRC remit](https://www.ukri.org/councils/bbsrc/remit-programmes-and-priorities/)

[ ]  Outline details of the project in the [IAA Application System](https://forms.office.com/pages/responsepage.aspx?id=RQSlSfq9eUut41R7TzmG6RO90bOjjQpMj0lLqsyC-d9UMFFJWFVDN1NGMEFFRDFSMVA4UlNJVkw3TiQlQCN0PWcu)

[ ]  Completed **Bioscience IKEF** **application form**, including HoD (this form)

[ ]  A copy of the **draft project costing from X5, with all costs to be spent by 31st July 2024**

[ ]  A **letter of support** from your external partner/collaborator.

[ ]  Any additional documents, such as a Gantt chart showing the intended project timeline, as appropriate.

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| **Project Title**  |  |
| **Applicant(s)** Funding is open to researchers employed by the collegiate University. ECRs and Research Assistants are welcome to apply as lead applicant with a PI as co-applicant. PhD students are not eligible. |
| [ ] ead applicant  |  |
| Lead applicant Job Title |  | Lead applicant Department |  |
| Co-applicant (if applicable) |  |  |  |
| Co-applicant Job Title (if applicable) |  | Co-applicant Department (if applicable) |  |
| Name(s) of any person(s) to be included as staff costs |  |
| Departmental accounts contact |  |
| **External partner/Collaborator #1** |
| Name |  | Company/Organisation |  |
| Email address |  | Phone number |  |
| Address |  |
| **External partner/Collaborator #2** (Please add additional boxes for further collaborators if needed) |
| Name |  | Company/Organisation |  |
| Email address |  | Phone number |  |
| Address  |  |
| **Project** |
| Start date |  | End date  |  |
| **Placement type (select all that apply)** |
| Policy |  | Industry/Third Sector |  |
| Third Sector |  | Local |  |
| International |  | Other (please describe) |  |
| **Placement Summary (50 words)** Please briefly describe the specifics of your placement Consider:* Incoming/outgoing
* Duration
* Location
* Staff involved
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| **Needs to be addressed (250 words)** Please describe the need(s) this placement will address.Consider: * The context/unmet need (e.g. skills/knowledge/engagement gap)
* The benefit to both/all project partners
* How the placement will increase porosity between sectors
* How the placement will support skills development
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| **Placement Objectives (400 words)** Please describe your objectives and the activities you will undertake in the placement to help meet these objectives. Consider:  * Who the intended beneficiaries are
* Short term and long-term objectives
* Providing ‘SMART’ objectives: Specific, Measurable, Achievable, Relevant, Time-bound
* Key milestones/outcomes
* Realistic timeline
* How progress against the objectives will be measured and evidenced
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| **Placement Partners (200 words)** Please provide details of any partners (third sector, commercial etc.) involved and include a letter of support from any partners in your supporting documents.Consider:  * Justification for choice of partner
* Level of partner engagement
* Any support from the partner (financial, in-kind contribution etc.)
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| **Project Costs (300 words)** Please provide a breakdown of projected costs.Consider:  * Brief justification of cost by category (staff/travel/other costs)
* How costs are linked to achieving the objectives

Note:* **All spend must be completed by 31st of July 2024**
* **The salary of external partners/collaborators cannot be covered by these funds.**
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| **Future Plans (200 words)** Please describe how the placement will be support your future plans.Consider: * Any future plans: e.g. funding, relationship building, career development etc.
* Any sources of leverage
* How the planned activities will enable these
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| **Other Information (100 words, excluding references)** Please provide any other information that may be relevant. A maximum of 3 research references can be included. |
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**Biosciences Impact and Knowledge Exchange Fellowships 2023**

**Budget & Head of Department Approval**

* This grant application must be fully costed in a draft X5 under the Funding Scheme 'UKRI (Research and Innovation); IAA - internal call. Please liaise with your departmental finance team to obtain a draft X5.
* **Proposals should not be submitted in X5 and should remain in draft form only.**
* Please submit a PDF copy of the draft X5 costing with your application.
* **This application does not require approval by the Research Operations Office.**
* Please note, this funding is for **directly incurred costs only.**

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| **Project title** |  |
| **Proposed start date**  |   |
| **Project duration****(max. 6 months, provided all funds spent by 31 of July 2024)**  |   |
| **X5 number**  |   |
| Directly Incurred Costs  |
| **Type**  | **Description**  | **Expenditure** |
| Staff Costs   |   | £  |
| Consumables  |   | £  |
| Travel  |   | £  |
| Subsistence (if applicable)  |   | £  |
| Other (please specify)  |   | £  |
| **Total Directly Incurred Costs** | £ |
| **SIGNATURES**  |
| **PRINCIPAL INVESTIGATOR**I declare that the information given on this form is complete and correct.  |
| Name (print)    | Signature  | Date  |
| **HEAD OF DEPARTMENT** I confirm that I have read and support the application. I agree to the placement taking place and where these are happening in my department will provide the necessary accommodation and facilities. |
| Name (print)    | Signature  | Date  |
| **DEPARTMENTAL ADMINISTRATIVE AUTHORITY:** I confirm that the application has been submitted with the agreement of the host institution and, if awarded, would administer the grant. |
| Name (print) | Signature | Date |