**Inaugural SPHERiC Fellowship Application**

Submission Guidelines

All sections of the application must be completed. Incomplete forms will be returned.

Investigators are required to complete and submit the following forms and documents (hardcopy and softcopy):

**SPHERiC Fellowship Application Form** which includes, and are not limited to the following:

1. Personal statement
2. Description of research project
3. Expected outcomes and timelines of the fellowship
4. Budget planning for publication and/or conference travel
5. Biographical sketch of the applicant, including a summary of other research support and declaration of current and previous grants held in the last five years which should include Funding Agency, Project Title, Duration of Project, and Total Budget Awarded

2 Reference Letters

Abstract of the publication and conference presentation, if applicable

All applications (hardcopy and softcopy) must be submitted through the RHS Planning Office (SPHERiC) by 31 May 2019.

*Note: Hardcopy submissions may take longer to reach the RHS Planning Office. Do factor in time for your proposal to reach us by the stipulated deadline.*

Address: 1E Kent Ridge Road, NUHS Tower Block Level 12, Singapore 119228

Attn: Ms Tan Ke Wei / Nur Farzira Bte Hairudin (SPHERiC Fellowship Application)

Email address: [spheric@nuhs.edu.sg](mailto:spheric@nuhs.edu.sg)

The application will be reviewed by the SPHERiC Review Committee for selection, and applicants will be notified of the outcome in July 2019. Applicants may be invited for an interview by the panel.

Project No. (for office use): \_\_\_\_\_

**1 Applicant**

*Applicant must hold a primary appointment and be salaried by a NUHS entity; or must be a post-graduate students undergoing Masters/PhD studies in NUS YLLSoM, NUS SSHSPH or NUS FoD.*

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| **Applicant** |  |
| **Qualifications** |  |
| **Position** |  |
| **Department** |  |
| **Institution** |  |

**2 Personal Statement**

*In not more than 1 page, please elaborate:*

1. Your immediate and long term research career objectives, highlighting the aspects particularly relevant to population health.
2. The relevance of the SPHERiC Fellowship to your work, your career goals, and how the fellowship would benefit you:

**3 Description of Research Project**

1. Project Title*Please limit the title of research project to 300 characters*

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1. **Abstract** (not more than 300 words)

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1. **Elaborate (in one paragraph) the role and involvement of the applicant in the project.**

*Specify the research background, technical competencies, role and contribution to specific deliverables and achievements that are relevant and necessary to ensure success for the research project.*

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1. **Role of Other Study Team Members**

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| --- | --- | --- | --- | --- |
| **Team Members** | **Role** | **Position** | **Department** | **Institution** |
|  | PI |  |  |  |
|  | Co-Investigator |  |  |  |
|  | Collaborator |  |  |  |

*(Please add more rows if required)*

1. **Elaborate (in one paragraph) the role of other study team members involved in the project.**

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1. **Current Work Progress:**

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1. Key Words (*Mandatory. Please provide maximum 6 key words*)

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1. This project will be applying to the following Research Theme(s), whichever is applicable:

Nutrition

Physical Activity

Chronic Disease Management

Primary Care (& Community Care)

Reducing Infectious Disease Spread

Aging and Frailty

Technology-enabled Healthcare

Others:

1. The scope of this project is related to the expertise of the following SPHERiC Research Core(s)\*, whichever is applicable:

Population Health Analytics Core

Health Systems and Models of Care Core

Implementation Science Core

**\*** Please refer to the guideline for more information.

**4**  **Expected Outcomes & Timelines**

*Please complete all sections and indicate your realistic expectations on the outcomes of this fellowship.*

1. **Publications**  Yes  No

* Number of publications to be supported:

**Category I: For publication which manuscript has been submitted**  Yes  No

*If yes, please attach a copy of abstract, and provide the following details:*

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| --- | --- | --- | --- | --- | --- | --- |
| **Publication Title** | **Date of Manuscript Submission** | **Current Status**  **(e.g. under review)** | **Expected Publishing Month** | **Journal Name** | **Impact Factor** | **Field** |
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**Category II: For future publication submission**   Yes  No

1. Please provide the estimated timeline for publication process and the details of the targeted journals**:**

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| --- | --- | --- | --- | --- | --- |
| **Publication Title** | **Timeline** | | **Targeted Journal** | | |
| **Manuscript Development** | **Manuscript Submission** | **Journal Name** | **Impact Factor** | **Field** |
| *(e.g. Publication 1)* | *Jul – Oct 19* | *Nov 19* | *BMC Medicine* | *9.088* |  |
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1. **Oral/Poster Presentation at Local/Overseas Conference**  Yes  No

**Category I: For conference participation which presentation has already been confirmed**  Yes (please attach a copy of abstract)  No

* 1. Please provide details of the identified conferences:

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| --- | --- | --- | --- | --- |
| **Conference** | **Event**  **Date** | **Local/ Overseas** | **Oral/ Poster** | **Field** |
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**Category II: For intended conference participation**  Yes  No

1. Please provide details of the targeted conferences:

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| **Conference** | **Event Date** | **Closing Date of Abstract Submission** | **Local/ Overseas** | **Oral/ Poster** | **Field** |
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**5**  **Budget Requested (up to $10,000):**

*Conference travel will be funded only if an oral/poster presentation is given on a topic relevant to population health field. The conference travel budget is capped at $6,000 per fellowship, to fund 1 overseas travel and/or multiple local travels. The travel must align to the institutions’ travel policies.*

*In the case where conference travel is not budgeted, publication budget could be requested up to $10,000.*

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|  | **Quantity & Item Description** | **Amount** |
| Publication Cost | e.g. 2 open access publications |  |
| Conference Travel | e.g. 1 local/overseas conference |  |
|  | Total |  |

# 6 Biographical Sketch

**Applicant**

*Please provide the required information on the applicant.*

* Name
* Title
* Office Mailing Address
* Email
* Contact No
* Current Position (Please provide full details, e.g. joint appointments; other academic appointments including those outside of Singapore; **percentage** **of time spent in Singapore every year**, if applicable)
* Employment History
* Academic qualifications (Indicate institution’s name and year degree awarded)
* Research interests
* Publications in the last 5 years (include only publications of direct relevance to study, stating impact factors where possible)
* Patents held (related or unrelated to the study)
* Scientific Awards
* Research Outcomes from other grants (e.g. publications, patents, awards, etc)
* Grants (past and present) held and/or supported by industry partners within the last five years

**7 Signatories**

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| In signing the SPHERiC Fellowship Application, the Applicant UNDERTAKE, on any Award, to: |
| * Declare that all information is accurate and true. * Ensure that SPHERiC’s funding is acknowledged in all publications and presentations. * Ensure that all publications supported by SPHERiC will be forwarded to SPHERiC Admin Core. * Ensure that the requested resources are not funded by another agency or research proposal. |

*The undersigned agree to abide by the conditions governing the fellowship award set out by*

*SPHERiC.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant:

Designation:

Name:

Date:

# 8 Departmental Support

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| In signing the SPHERiC Fellowship Application, the department UNDERTAKES, on any Award, to: |
| * Discuss with immediate supervisor of applicant that the following will be complied with:   + Adequate resources and support will be provided to the applicant for the entire award period   + The applicant is independently salaried by the department for the entire period of the award   + The research abides by all laws, rules and regulations pertaining to national and the institution's research operating procedures and guidelines   + Confirm the accuracy and completeness of information submitted, including budget, other funding sources, etc.   + Confirm that budget is clear (e.g. no double funding), and is aligned with host institution HR and other policies |

Head of Department (or designated officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Designation & Signature

*Comments:*

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