## Medical Sciences Division Teaching Excellence Awards

## 2017

## Project Application Form

The completed form (including supporting materials) must be submitted to aga.bush@medsci.ox.ac.uk by **midnight on Friday 30th June 2017**.

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| **SECTION A: APPLICANT DETAILS**Questions 1-4: if this is a team application, please include the required details for each member, with the lead applicant listed first. |
| 1. Title(s) and Name(s): |
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| 2. Job Title(s): |
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| 3. Department(s): |
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| 4. College(s) |
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| 5. Contact Details If this is a team application, please only include the details of the lead applicant.  |
| Postal address: | University / College e-mail: |
| Phone number (office hours): |

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| **SECTION B: PROJECT PROPOSAL** |
| 6. *(Delete as applicable.)* I / My team would like to apply for a **Project** award. |
| 7. In the box below, please provide a brief outline (no more than 10 lines, in size 11pt, single spaced) of the teaching or education-related activities you / your team currently undertakes / has undertaken in the recent past. If you do not currently undertake / have not undertaken such activities, please write ‘N/A’. |
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| 8. Please provide the name / title of your proposed project. |
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| 9. Does your project aim to contribute to any of the following strategic objectives? Please select those that apply: |  |  |
| * research / transferable skills training initiatives and cohort-building activities for Postgraduate Research students
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| * development and application of learning technologies to support the delivery of teaching / to enhance students’ learning experience (whether for undergraduate, graduate taught or graduate research provision)
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| * delivering assessment
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| * an alternative project (i.e. none of the above).
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| 10. In the box below, please detail your project proposal, including (a) its scope, (b) the rationale for undertaking this project, (c) the methodology, (d) the resources required to undertake it, (e) how you propose to evaluate it and (f) how the project could contribute to future developments. This material should be in the region of 6 pages. The box will expand to fit your proposal. Alternatively, you may append this information to your application form.  |
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| 11. Please append a budget for the proposed project. Funds may be requested, for example, for the purchase or hire of equipment, costs associated with developing software, expenses for participants (such as transport and fees for patients or actors playing the part of patients or family members), training workshops, production costs of videos, manuals and so on. Please provide a rationale for the sums requested. Costs should be provided for each element of the project budget so that, in the case of a partial award, the selection panel can allocate a usable sum. *N.B. Where work on a project requires departmental or college support, such as materials or other resources, written support from the relevant person(s) must be appended to the application.*  |
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| **SECTION C: ADDITIONAL INFORMATION *(OPTIONAL)*** |
| Please list below any other supporting evidence / information you wish to supply in support of your project proposal.This should not exceed a further 10 pages, and should be appended to the completed application form. |
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| **SECTION D: CHECK-LIST FOR SUBMISSION OF APPLICATION** *Please tick the boxes to confirm that you have included all the relevant information within your application, including appropriate accompanying documents, and that they are submitted in the following order.* |
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| Completed application form to be attached to the front of your submission. |  |
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| A project proposal (if not included within the Application Form itself – see Question 10 above). |  |
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| A budget for the proposed project. |  |
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| Written support from the relevant person(s) for the use of college or departmental resources, or  |  |
| for buy-out(s) (if applicable). |  |
| Additional information in support of your application (optional). |  |

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| **SECTION E: COMPLETED APPLICATION** |
| Print Name:If this is a team submission, only the lead applicant need print their name. |
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| Date of Submission: |
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