## Medical Sciences Division Teaching Excellence Awards

## 2024

## Project Application Form

The completed form (including supporting materials) must be submitted to [Julia Leung](mailto:julia.leung@medsci.ox.ac.uk) or [Elena Martin](mailto:elena.martin@medsci.ox.ac.uk) by **midnight on Friday 24 May 2024**.

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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:

Developing new Access and Widening Participation initiatives in relation to undergraduate and/or graduate admissions

Developing graduate research training and transferable skills training initiatives

Development or use of innovative methods to support the delivery of teaching/to enhance students’ learning experience (whether for undergraduate, graduate taught or graduate research provision)

Developing opportunities to increase undergraduate and/or graduate taught students’ understanding of marking criteria

Developing teaching opportunities for graduate research students

10. Project proposals with implications for curriculum content must be discussed with, and signed off explicitly by the course leadership team before they are submitted.

Has project proposal been signed off by course leadership: Yes / No / NA

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| 11. 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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12. 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. In addition, the written support of the respective course director where it is relevant must be appended to the application.*

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| 13. If your project is a development of, or closely related to, a funded project submitted in a previous round, please give details of the outcomes or impact of the previously funded project in the box below. |
| **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: DECLARATION**  If awarded a Project Award, I/we agree to provide an update to the divisional office on the progress on the project in September 2025. (*Delete as applicable)*  Yes / No |
| **SECTION E: CHECK-LIST FOR SUBMISSION OF APPLICATION AND SURVEY**  *Please delete as applicable 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. Yes / No  A project proposal (if not included within the Application Form itself – see Question 10 above). Yes / No  A budget for the proposed project. Yes / No  Written support from the relevant person(s) for the use of course, college or departmental resources, or  for buy-out(s) (if applicable). Yes / No  Additional information in support of your application (optional). Yes / No  How do you learn about the Teaching Excellence Awards 2024? (Please select those that apply)  Email from MSD  Email from the department  MSD newsletter MSD website  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION F: 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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