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**The Royal College of Ophthalmologists**

**International Glaucoma Association Research Awards 2019**

**Closing date: Friday 1 February 2019**

The International Glaucoma Association (IGA) is pleased to announce a renewed grants programme and is pleased to offer Research Awards up to the value of £100,000.

The IGA RCOphth funding stream is accredited by NIHR

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1. This is a postgraduate research award to facilitate research into glaucoma.
2. Applicants may be trainees seeking support for a fellowship or senior researchers seeking a grant for a project.
3. Applications are invited from departments and individuals based in the UK or Eire but the research studies may be carried out elsewhere.
4. The IGA encourages patient orientated research and research directly concerned with the improvement of the management of glaucoma.
5. Multidisciplinary research teams are encouraged and should include a member/fellow of The Royal College of Ophthalmology but co-applicants (and project lead) may include hospital/community based optometrists and/or nurses undertaking glaucoma research in the UK and Eire.
6. The awards are normally awarded annually.
7. Grants must be taken up within nine months, unless the grantee makes an application, with explanation, to the Chair of the IGA Grants Committee for approval.
8. The successful applicant will be required to submit a preliminary report on work carried out at six months and after each six months thereafter for the duration of the award and return a full report at the termination of the Fellowship. The progress of each project will be monitored by a nominated advisor of the IGA, usually a member of the IGA Medical and Scientific Advisory Committee or an IGA trustee. Continued staged financial payments are dependent on receipt and satisfactory review of each of these reports with the last 10% of payment given on receipt of the final report.

***Please note that the application process is administered by The Royal College of Ophthalmologists. The conditions of the grants will be an agreement between the IGA and the successful applicant.***

Please email an electronic version of your completed application form and embedded CV to [gareth.brennan@rcophth.ac.uk](mailto:gareth.brennan@rcophth.ac.uk)

In addition to this, please post 6 hard copies of your application form with embedded CV to:

Gareth Brennan  
Education and Training Administrator  
The Royal College of Ophthalmologists  
18 Stephenson Way  
London  
NW1 2HD

CVs sent as separate documents will be accepted as an alternative to completing the relevant section on the application form.

*(Your application will be disqualified unless we receive both **electronic** and **hard copies** of your application form and CV, either embedded or sent separately.)*

**CLOSING DATE FOR APPLICATIONS: Friday 1 February 2019**

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**The Royal College of Ophthalmologists**  
**International Glaucoma Association Research Awards 2019**

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## **Application Form**

**Closing date: Friday 1 February 2019**

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*(Please type throughout)*

1. SURNAME: FIRST NAME:

Professor/Dr/Mr/Mrs/Ms

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2. ADDRESS:

E-mail address:

Post Held:

Tel. No:

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3. TITLE OF PROJECT:

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4. ABSTRACT OF RESEARCH (350 words approximately – layman's terms)

**To include:**

- Objective(s) of the project
- Methodology (brief)
- Start date and objective end date
- What has already been found
- Possible outcomes/results
- Possible long term impact on the lives and health of people with glaucoma, and/or the professionals who support them

ABSTRACT OF RESEARCH *(continued)*

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5. PROPOSED DURATION:

PROPOSED STARTING DATE:

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6. SUMMARY OF SUPPORT (*as requested on page 8*)

	First Year £	Second Year £	Third Year £	Total Over Period £
(a) Personal support of applicant				
(b) Scientific assistance No. of staff:				
(c) Technical/other assistance No. of staff:				
Addition for superannuation, national insurance, graduated pensions - this may be calculated at 26% of salaries in (a), (b) and (c)				
	First Year £	Second Year £	Third Year £	Total Over Period £
(d) Visiting senior scientist				
(e,f,g) Expenses				
Total recurrent				
(h) Apparatus				
Total support requested				

7. OTHER SUPPORT

Is this research currently being supported by any other outside body? Yes/No

If yes, please indicate the organisation:

Is this application being submitted elsewhere? Yes/No

If yes, to which organisation and by what date is a decision expected?

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8. ACCEPTANCE OF REGULATIONS AND CONDITIONS

I shall be actively engaged in, and in day-to-day control of, the project.

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION SHOULD BE SIGNED BY THE HEAD OF DEPARTMENT**

I confirm that I have read this application and that, if granted, the work will be

accommodated and administered in the \_\_\_\_\_ Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Department)

Print name \_\_\_\_\_

**PROPOSED INVESTIGATION:**

This must be treated under the following headings and should be contained within four pages in single spaced typescript.

1. Title of project
2. Purpose and background of proposed investigation
3. Plan of investigation
4. Reasons for support requested:
  - Staff
  - Expenses
  - Apparatus

PROPOSED INVESTIGATION *(continued)*

**DETAILS OF GRANT REQUESTED** (summarised in section 6 of application form)

STAFF

(a) Personal support of applicant				
Name	Grade	1 <sup>st</sup> Year £	2 <sup>nd</sup> Year £	3 <sup>rd</sup> Year £
Total				

(b) Scientific Assistant				
Name	Grade	1 <sup>st</sup> Year £	2 <sup>nd</sup> Year £	3 <sup>rd</sup> Year £
Total				

(c) Technical/other assistance						
Staff category	Age	Qualifications	Grade	1 <sup>st</sup> Year £	2 <sup>nd</sup> Year £	3rd Year £
Total						



(d) Visiting senior scientist				
Name	Present position	Period of visit	Salary (with expenses and fares shown in brackets) £	Support available from other sources (e.g. scientist's own institution) £

	1 <sup>st</sup> Year £	2 <sup>nd</sup> Year £	3rd Year £
(e) Materials and consumables			
(f) Other expenses			
Total			

	1 <sup>st</sup> Year £	2 <sup>nd</sup> Year £	3 <sup>rd</sup> Year £
(h) Apparatus			
Total			

CURRICULUM VITAE OF APPLICANT / SCIENTIFIC ASSISTANT(S)

1. Surname: First Name:  
Applicant/Scientific Assistant Age:

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2. Degrees, etc (*subject, class, university*)

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3. Posts held (*with dates*)

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4. Recent publications (*title and reference*)

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1. Surname: First Name:  
Applicant/Scientific Assistant Age:

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2. Degrees, etc (*subject, class, university*)

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3. Posts held (*with dates*)

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4. Recent publications (*title and reference*)

GRANT APPLICATION CHECK FORM

The following form must be completed for all grant applications:

Grant application title:

Application to:

Address:

Applicants:

Staff costs checked

Signature of accountant:

Running costs checked

Signature of chief technician:

Equipment costs checked

Signature of chief technician:

Overheads applicable:

Yes/No

Overheads checked

Signature of accountant:

**Sight Loss and Vision Priority Setting Partnership (PSP)**

The following 10 priorities for glaucoma research have been identified by the PSP. Which (single) priority best describes your project?

**Please tick one of the boxes below**

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 1. What are the most effective treatments for glaucoma and how can treatment be improved? | <input type="checkbox"/> | 6. What is the most effective way of monitoring the progression of glaucoma?                                 | <input type="checkbox"/> |
| 2. How can loss of vision be restored for people with glaucoma?                           | <input type="checkbox"/> | 7. How can glaucoma patients with a higher risk to progress rapidly be detected?                             | <input type="checkbox"/> |
| 3. How can glaucoma be stopped from progressing?  | <input type="checkbox"/> | 8. Why is glaucoma more aggressive in people of certain ethnic groups, such as those of West African origin? | <input type="checkbox"/> |
| 4. What can be done to improve early diagnosis of sight-threatening glaucoma?             | <input type="checkbox"/> | 9. How can glaucoma be prevented?  | <input type="checkbox"/> |
| 5. What causes glaucoma?  | <input type="checkbox"/> | 10. Is there a link between treatment adherence and glaucoma progression and how can adherence be improved?  | <input type="checkbox"/> |

Statement by Head(s) of Department:

I/We confirm that this research can be accommodated within the resources (including space) already available to the staff member/group concerned and that the presentation and scientific cases are of sufficient high standard to bear scrutiny by external referees.

Signature(s) of Head(s) of Department:

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

Signature of Research Director: \_\_\_\_\_

Print name: \_\_\_\_\_

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

Signature of Head of Institution: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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