1. **Introduction:**

Clinician-researcher category for this Nurturing Clinician Scientist Scheme (NCSS) Nomination:

*(Please tick only one category.)*

Clinician Scientist (CS)

Clinician-Investigator (CIV)

Clinician-Innovator (CIN)

1. **Profile of the candidate:**

*(To include information about the candidate’s professional qualifications, clinical and academic experience, work attitude and performance.)*

1. **Current and future research activities/ interests/ goals/ plans:**

*(To include information on how the candidate’s research activities can promote and further the ACP’s research goals.)*

1. **Statement justifying the rationale for nomination of the candidate under NCSS by the ACP.**
2. **Statement describing the ACP’s commitment to develop the candidate and the expectations in terms of deliverables arising from the award of funding to the candidate under the NCSS.**
3. **Endorsement by Head of Department:**

**I will provide appropriate support to the candidate; &**

**I have read and support the candidate’s application.**

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**Name of Head of Department:**

**Department:**

**Date:**

1. **Title:**
2. **Abstract:**
3. **Research Plan and Career Objectives** *(for the next 2-3 years)***:**
4. **Research Proposal**

(Please complete **Section 4-I for CS and CIV** candidates; and **Section 4-II for CIN** candidates)

**4-I. Research Proposal (for CS and CIV)** *(5-pages - excluding the reference section)*

1. **Specific Aims & Hypothesis**
2. **Background & Clinical significance**
3. **Preliminary studies**
4. **Methods/Approach**
5. **References**

**4-II. Research Proposal (for CIN)** *(5 pages - excluding the reference section)*

1. **Background & Preclinical/ Clinical Need**
2. **Description of Solution**
3. **Competitive Advantage of Solution**
4. **Collaborations**
5. **Impact and Translation Pathway**

***(Public health impact, patient-related outcomes, value proposition)***

1. **Intellectual Property Management**
2. **Follow-on Development and Commercialisation Plan**
3. **References**
4. **Appointed Mentor:**
5. **Details of appointed mentor** *(To include Name, Institution, Department and Designation)*
6. **Describe how the mentor will be able to nurture the candidate in his/her career development.**
7. **Elaborate details of mentoring and include any development plans by the mentor** *(frequency of meetings with Mentor etc.)*
8. **Endorsement by Mentor**

**I will nurture the candidate in his/her career development; &**

**I have read and reviewed the Research Write-up.**

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**Name of Mentor:**

**Date:**

1. **Budget**
2. **Detailed budget (To the nearest dollar)**

*\** *Please refer to AM Funding Guidelines for more information on the supportable items.*

*# FTE stands for full-time equivalent and it represents the number of working hours required to complete a job.*

*1 FTE is equivalent to 2,184 man-hours a year.*

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| **OVERALL BUDGET** | | | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL (S$)** |
| **# MANPOWER** | | | | | | |
| **JOB TITLE** | **FTE** | **Man- hours** |  | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **OTHER OPERATING EXPENSES** | | | | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **CAPITAL EQUIPMENT** | | | | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **GRAND TOTAL** | | |  |  |  |  |

1. **Details & Justifications of budget requested (To the nearest dollar):**
2. **Justification for Manpower***\** *Please budget for all the manpower required for the project including part-time personnel and shared manpower resources. State whether they are existing institution personnel or new staff to be recruited. The cost should include Salaries, CPF and fringe benefits including medical, dental, contribution to welfare fund, etc. as per the established policies of the employing institution.*

*1 FTE is equivalent to 2,184 man-hours a year.*

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| **S/N** | **JOB TITLE** | **JOB DESCRIPTION** | **FTE** | **Man- Hours** | **EXISTING (E)**  **/ NEW (N)** | **JUSTIFICATION** | **TOTAL (S$)** |
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1. **Justification for Other Operating Expenses**

*\*All expenses entailed in conducting and executing the proposed project may be included.*

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| **S/N** | **ITEM LISTING** | **ITEM DESCRIPTION** | **JUSTIFICATION** | **TOTAL (S$)** |
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|  |  |  | **GRAND TOTAL** |  |

1. **Justification for Capital Equipment***\** *Please budget for all capital equipment you need to purchase to carry out the project. Indicate sharing of equipment with other projects, if any.*

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| **S/N** | **QTY** | **CAPITAL EQUIPMENT** | **JUSTIFICATION** | **% ESTIMATED UTLISATION RATE (EQUIPMENT > $100,000)** | **UNIT COST (S$)** | **TOTAL (S$)** |
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1. **In-kind contributions & additional funding sources** (Where required)*\*If* ***any in-kind support or other additional funding sources*** *(e.g. external, institution or SingHealth Foundation grants, etc.) are being used to supplement this project / initiative, please summarize them here. These should include any manpower, supplies, equipment or financial support to be used for the project / initiative but are not included in the budget request. If there are no in-kind contributions, please state "Not Applicable".*

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1. **Business/Sustainability Planning***(e.g., if there are plans to apply for external or National grants, or If project has commercialisation potential or potential to file for patent, please summarize the plans her.)*

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1. **Milestones***\*Please propose milestones for assessment of the project’s progress and shade the appropriate boxes.*

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| **MIILESTONES** | **TARGETED DURATION**  *(Based on duration of project)* | | | | | | | | | | | |
| **YEAR 1** | | | | **YEAR 2** | | | | **YEAR 3** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| *E.g. Milestone 1 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
| *E.g. Milestone 2 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Performance indicators** *(Please refer to the* ***NCSS Infosheet for the deliverables*** *of the CS, CIV & CIN)**\*In this section, please list the expected outcomes and measurable deliverables that the project / initiative will achieve.*

*Publishing or presenting "X" number of papers / journals / presentation at a national, regional or international conference can be included as secondary deliverables*

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| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
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| *E.g. To apply for a national funded grant before end of award* |  |
| *E.g. Number of invention disclosures filed* |  |
| *E.g. Number of Patents applications filed* |  |
| *E.g. Number of licenses acquired* |  |
| *E.g. New technology or processes commercialized* |  |
| *E.g. Joint programs/ projects with higher institutes of learning* |  |
| *E.g. Presentations at local/ international conferences* |  |
| *E.g. Papers published in local/ international journals* |  |
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1. **Personal Details:**

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| **Dr /Assist Prof/ Associate Prof/ Prof\* (Underline Surname)** | | | | | Please attach photo |
|  | | | | |
| **Current Institution and Department** | | | | | |
| **Designation** | | | | | |
| **NRIC** | **Gender:** M/F\* | **Citizenship** | | **Singapore PR** | |
| Last 3 digits + Alphabet of Applicant’s NRIC | **Age:** |  | | Yes / No\* | |
| **Office Address** |  | | | | |
| **Email** |  | | | | |
| **Academic Grade** | Assistant Professor/ Associate Professor/ Professor\* | | | | |
| **Clinical Grade** | Registrar / Associate Consultant/ Consultant/ Senior Consultant\* | | | | |
| **Contact number** | **Office:** | | **Mobile:** | | |
| **Fax:** | |  | | |

*\*Please cancel accordingly.*

1. **Academic Qualifications:**

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| Name of Institution | Degree obtained | Date obtained (DdMmmYyyy) |
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1. **Career History:**
2. **Current Employment**
3. **Past Employment**

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| Name of Institution | Department | From | To | Position/Level of appointment |
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1. **Awards/Patents held, if any:**

*Please provide details of awards received.*

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| Name of Award/Patent | Year awarded |
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1. **List of Publications** (include the impact factor for each):

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| List of Publication |
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1. **Current Research Activities (max ½ page)**
2. **List of Invited Talks:**
3. **Conference Proceedings:**
4. **Other Duties:**

*(E.g. Organisational Activities, Teaching Activities, Conference Organizer, Committee members)*

1. **Other Support:**
2. **Grants held (as PI):**

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| **S/N** | **Funding Agency** | **Project Title** | **Funding Amount (S$)** | **Start Date** | **End Date** |
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*The ACP is to provide justification(s) for Review Panel’s consideration should the cumulative grants exceeded S$100,000:*

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1. **Grants currently applied for (as PI):**

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| **S/N** | **Funding Agency** | **Project Title** | **Funding Amount (S$)** | **Start Date** | **End Date** |
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1. **Career Development Plan for the next 5 years**

*(E.g. Academic upgrades, PhD, Short term and long term development plans, career plans etc. to put the nominee on track to become a clinician researcher.)*

**Supported by**

**Name:** Click here to enter text. **Designation: Academic Chair**