# Questionnaire for Strategic Professorial candidates

Thank you for completing this questionnaire, which we will talk through with you at our next discussion.

Completing this form will help to determine how best your research activity could be accommodated at Queen Mary University of London, however, please note we may not be able to commit to all of the requirements listed.

Candidate Name:

**Active Grants and Transfers**

**Grants: Please list any grants that you would expect to transfer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funder | Total Grant Value | Approximate total amount of grant allocated to you | Remaining Budget to transfer to Queen Mary  | Grant Start Date | Grant End Date | Other Comments (please send us an external url to your grant listing if possible) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**TUPE: Please list any roles employed via your grants that you would expect to transfer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant this role pertains to  | Role | % FTE on grant | Contractual status (Fixed term/ Permanent) | Current contract end date (if Fixed term) | Other Comments |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**PhD Students: Please list any PhD students that you would expect to transfer.**

|  |
| --- |
| Postgraduate Research Students (PhD) |
| Year of Study | Funding source? (e.g. grant, host institution, etc.) | What does funding cover? (e.g. full/partial fee waiver, stipend) | Length of PhD (yrs) |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**Equipment & Facilities**

**Equipment: Please list any equipment details including space and supporting infrastructure requirements you expect to transfer**

|  |  |  |
| --- | --- | --- |
| Equipment name  | Approximate size LxWxH (cm) | Supporting services e.g. compressed gases, water |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Equipment Sought: Please list any equipment details including space and supporting infrastructure requirements.**

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment name  | Approximate size LxWxH (cm) | Supporting services e.g. gas, water | Shared or Sole use |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Faculty of Medicine & Dentistry Facilities:**

Please see link <https://www.qmul.ac.uk/fmd/research/our-research-mission/>

|  |
| --- |
| Please confirm the access required to FMD core services: *(Please tick all that apply)*  |
| ​​[ ] ​ Biological Service Unit ​[ ]  Adv Microscopic Imaging Service [AMIS}​[ ] ​ Mass Spectrometry Facility ​[ ]  Lipid Mediator Unit     ​[ ] ​ CREATE Lab ​[ ]  Flow Imaging Unit​[ ] ​ PCTU ​[ ]  Barts CTU ​[ ] ​ Core Pathology   | ​​[ ]  Blizard Advanced Light Microscopy  ​[ ] ​ Phenotyping Screening Facility ​[ ]  Cryopreservation Facility  ​[ ]  Cryopreservation Storage Facility ​[ ]  Electron Microscopy ​[ ] ​ Centre of the Cell ​[ ] ​ DPSU Core Facilities [ ] ​ Dental Imaging Facility ​[ ] ​ Oral Clinical Research Facility [ ]  Population and Patient Databases  |

Cold Storage: Please enter the type, temperature and amount of cold storage that you require for your research

|  |  |
| --- | --- |
| Cold Storage  | Amount eg -80, +4, LN2 |
|  |  |
|  |  |
|  |  |

Space Requirements: Please outline any space requirements you/ your research team would require.

|  |  |
| --- | --- |
| Type of space | Additional info |
| Office  |  |
| Wet Lab Space CL1  |  |
| Wet Lab Space CL2  |  |
| Dry Lab space |  |
| Tissue Culture CL2 |  |
| Tissue Culture CL3 |  |
| Other Specialist space: please detail |  |

Health & Safety Regulatory Compliance: Does your work involve specialist risk assessment or use of any of the following (please check all applicable boxes)

|  |  |
| --- | --- |
| Lasers  |[ ]  Drones |[ ]
| Ionizing radiation |[ ]  Nanoparticles | ☐ |
| Non-ionizing radiation  |[ ]  Cryogenics Liquids or Solids |[ ]
| Genetically Modified Organisms |[ ]  National database/archive  |[ ]
| Compressed Gases/Gas Cylinders  |[ ]  Use of human test subjects |[ ]
| Sensitising Agents, Category 1 or 2 Carcinogens |[ ]  High intensity magnets or low frequency EMR |[ ]
| HTA Material |[ ]  Other (please specify below) |[ ]