

งานบริหารและส[่]งเสริมการวิจัย กองบริหารงานวิจัย มหาวิทยาลัยมหิดล โทร. 02-849-6252 โทรสาร. 02-849-6247

ที่ อว 78.016/ว23351 วันที่ 29 สิงหาคม 2568

เรื่อง ประชาสัมพันธ์ทุนวิจัย Mental Health Award: Transforming early intervention for anxiety, depression and psychosis in young people จากแหล่งทุน Wellcome Trust

เรียน คณบดี / ผู้อำนวยการ

ด้วยแหล่งทุน Wellcome Trust เปิดรับข้อเสนอโครงการในหัวข้อ Mental Health Award: Transforming early intervention for anxiety, depression and psychosis in young people เพื่อสนับสนุน โครงการที่มุ่งทดสอบประสิทธิผลและประเมินกลยุทธ์การดำเนินงานของการแทรกแซงระยะเริ่มต้นที่สามารถขยายผลได้ สำหรับการจัดการภาวะวิตกกังวล ภาวะซึมเศร้า และโรคจิตในเยาวชน โดยอาจารย์/นักวิจัย สามารถส่งข้อเสนอโครงการ ผ่านระบบออนไลน์ของแหล่งทุนที่เว็บไซต์: https://login-funding.wellcome.org/s/login ภายในวันที่ 11 พฤศจิกายน 2568 ทั้งนี้ โครงการที่เสนอขอทุน ให้ปฏิบัติตามประกาศมหาวิทยาลัยมหิดลเรื่อง หลักเกณฑ์และอัตราเงินค่าธรรมเนียม พัฒนาการวิจัยของมหาวิทยาลัยและส่วนงาน ที่จัดเก็บจากโครงการวิจัยที่ได้รับเงินอุดหนุนจากแหล่งทุนภายนอก มหาวิทยาลัย พ.ศ. 2560 โดยระบุหมวดค่าธรรมเนียมอุดหนุนสถาบันในอัตราร้อยละ 10 และขอให้ดำเนินการตามที่ระบุ ในหนังสือชักข้อมแนวปฏิบัติ เรื่องมาตรฐานการวิจัยของโครงการวิจัย รายละเอียดดังเอกสาร ที่แนบมาด้วยนี้ ทั้งนี้ อาจารย์/นักวิจัยที่สนใจสามารถศึกษารายละเอียดเพิ่มเติมได้ตามเอกสารที่แนบมาด้วยนี้ หรือเว็บไซต์ของแหล่งทุนที่ https://wellcome.org/research-funding/schemes/mental-health-award-transforming-early-intervention

ในการนี้ กองบริหารงานวิจัย มหาวิทยาลัยมหิดล จึงขอแจ้งประกาศทุนมายังท่าน เพื่อโปรดประชาสัมพันธ์ ทุนวิจัยดังกล่าวให้บุคลากรในหน่วยงานของท่านทราบโดยทั่วกัน และขอให้อาจารย์/นักวิจัย โปรดส่งเอกสารงบประมาณ มายังกองบริหารงานวิจัยเพื่อขอหนังสือรับรองงบประมาณภายในวันที่ 4 พฤศจิกายน 2568 และโปรดดำเนินการจัดส่ง ข้อเสนอโครงการในระบบออนไลน์มายังมหาวิทยาลัยภายในวันที่ 7 พฤศจิกายน 2568 เพื่อกดรับรองส่งไปยังแหล่งทุน ทั้งนี้หากส่วนงานจัดส่งข้อเสนอโครงการผ่านระบบออนไลน์มายังมหาวิทยาลัยหลังจากวันที่มหาวิทยาลัยกำหนด มหาวิทยาลัยขอสงวนสิทธิ์ในการส่งข้อเสนอโครงการ เพื่อสมัครรับทุนดังกล่าว

จึงเรียนมาเพื่อโปรดทราบและโปรดประชาสัมพันธ์ข่าวต่อไป จักเป็นพระคุณยิ่ง

(ศาสตราจารย์ ดร.ยศชนัน วงศ์สวัสดิ์) รองอธิการบดีฝ่ายวิจัย

ผู้ประสานงาน: นายวรินทร์พิภพ ชยทัตภูมิรัตน์

โทร: 0-2849-6252 อีเมล: varinpiphob.cha@mahidol.ac.th



Sample application

Mental Health Award: Transforming early intervention for anxiety, depression and psychosis in young people

Contents

This sample form includes all the possible questions that you may need to answer as part of your application.

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Proposal summary

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Basic information about you (all applicants)

Work history and education (all applicants)

Lead applicant details

Others involved in the proposal

Research proposal costs

Currency requested

Costs requested and justification

Application summary

| Application title |
|--|
| Proposed length of funding (months) |
| |
| Proposed start date |
| You can change your start date if your application is successful. All grant expenditure and activities must be within the grant start and end dates. |
| |

Proposal summary

Provide a summary of your proposal, including key goals.

The summary should be as complete as possible within the word limit. Include key words that best describe the work to enable text searching.

| Maximum 200 words. | |
|--------------------|--|
| | |
| | |
| | |

The proposal

Describe your programme of work. Ensure that you provide any further additional information requested on the call's webpage or by your Wellcome contact.

In your description make sure you include:

- Aims and key deliverables;
- Background and justification;
- Details of the planned activities;
- Timetable and milestones (as appropriate);
- Evaluation and impact.

Do not exceed 2,000 words.

Provide all relevant information within the application form; do not refer to additional unpublished information on personal websites.

You may provide your answer to this question in text entry format or as a PDF attachment. If you are uploading your proposal, the uploaded document must be in 11 point Arial font and portrait format.

Do not include any graphs, figures, tables or other additional information in your proposal description. Use the 'Additional Information' question to provide this type of information. Figures and additional information cannot exceed 2 A4 pages, unless specified on the funding call's webpage or by your Wellcome contact. If you submit more additional information than permitted, we will return your application to you to reduce the amount of information.

Select one:

- Text Entry
- File Upload

If 'Text Entry' is selected:

Proposal

If 'File Upload' is selected:

Proposal

Browse for document

Upload one file. Your file must be a .PDF. Make sure your file size is less than 30MB

Additional information

If you would like to include additional information in support of your application, upload it here as a single PDF.

Browse for document

Upload one file. Your file must be a .PDF. Make sure your file size is less than 30MB

Location of activity

Will the funded activity take place at more than one location?

List any locations outside of the administering organisation where you will be undertaking activity. This includes, but is not limited to, anywhere receiving indirect funding, fieldwork sites, and time spent working in another organisation.

Select one:

- Yes
- No

If 'Yes' is selected:

For each location, enter the organisation, country and percentage of funds. You must include the administering organisation.

Enter the approximate percentage of the total funds that will be spent in each location. Enter zero for locations where activity will take place but no significant funds will be spent. If you are requesting salary costs, attribute them to the employing organisation.

| Country | Organisation | Percentage of funds |
|---------------|--------------|---------------------|
| Please select | | |

Basic information about you (all applicants)

| Title | | | | |
|------------|------------------|--------------------|----|--|
| | | | | |
| Pronouns | | | | |
| | | | | |
| | different pronou | ribe)' is selected | d: | |
| | | | | |
| First name | • | | | |
| Middle na | me | | | |
| | | | | |
| Last name | | | | |
| | | | | |
| | | | | |

| Phone number |
|--|
| Include country code, for example a UK mobile number is:+44 7700 900000 |
| |
| ORCID iD |
| Connect your ORCID and Wellcome Funding accounts |
| You can link your Wellcome Funding account to ORCID so your ORCID record automatically shows: |
| funding you've received from Wellcome expert reviews you've done for Wellcome |
| You need to sign in to ORCID and authorise access to Wellcome Funding to connect your accounts. |
| Connect your ORCID account |
| Nationality |
| Wellcome collects information on nationality for internal grant monitoring and evaluation purposes in pursuit of its legitimate interest, as a funder, of better understanding the research workforce we support through our grants and their research careers. We may also use this information to assess eligibility for some of our international schemes. Information on nationality will be anonymised when used for monitoring, evaluation and reporting purposes. |
| |

Work history and education (all applicants)

Add your current employed roles

Do not include any honorary roles.

| r each role: | | | | |
|-------------------|--------------------|------|--|--|
| Job title | | | | |
| | | | | |
| Start date | | | | |
| For example, | , 31 03 2010 | | | |
| Day | Month | Year | | |
| End date | 21 02 2010 | | | |
| For example, Day | Month | Year | | |
| Departmen | t | | | |
| | | | | |
| Organisatio | on | | | |
| Search fo | or your organisati | on | | |

| Select or | ne: | |
|--------------|---------------|--|
| • Yes | | |
| • No | | |
| | | |
| d your pas | t roles | |
| | | uestion if you're a lead applicant or coapplicant. |
| r each role: | | |
| Role | | |
| | | |
| | | |
| | | |
| Start date | | |
| For example | e, 31 03 2010 | |
| Day | Month | Year |
| | | |
| | | |
| | | |
| End date | | |
| | e, 31 03 2010 | |
| Day | Month | Year |
| | | |
| | | |
| Departme | nt | |

| part-time work secondments | | Organisation |
|--|----|--|
| We take breaks from research into account when we consider your outputs. This can include period f: parental leave long-term sick leave caring responsibilities part-time work secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? Idd your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | |
| de take breaks from research into account when we consider your outputs. This can include period: parental leave long-term sick leave caring responsibilities part-time work secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? dd your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | |
| parental leave long-term sick leave caring responsibilities part-time work secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? dd your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | a | ve you taken any career breaks? |
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| caring responsibilities part-time work secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? If 'Yes' is selected: When did you take any career breaks and how long did they last? If 'Yes' is selected: When did your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. Or each salary: | | parental leave |
| part-time work secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? If 'Yes' is selected: When did your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. Or each salary: | | long-term sick leave |
| secondments volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? If 'Yes' is selected: When did your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. Or each salary: | | |
| volunteering or time spent in clinical training or different sectors no work due to the COVID-19 pandemic. If 'Yes' is selected: When did you take any career breaks and how long did they last? Add your current or most recent salary fou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | |
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| If 'Yes' is selected: When did you take any career breaks and how long did they last? dd your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | |
| dd your current or most recent salary ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | If 'Yes' is selected: |
| ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | , | When did you take any career breaks and how long did they last? |
| ou only need to answer this question if you're a lead applicant or coapplicant, and are equesting salary as part of your application. or each salary: | | |
| equesting salary as part of your application. or each salary: | ١d | d your current or most recent salary |
| | | |
| Salary grade | or | each salary: |
| | | Salary grade |
| | | |

| Basic annual salary |
|--|
| |
| Currency |
| Please select |
| |
| Are you currently receiving any funding towards your salary? |
| For example, through your organisation's block grant from a higher education funding boo |
| |
| Add all your sources of personal salary funding If the source of your salary includes any restrictions on intellectual property rights or |
| publications arising from your research, contact us as this may affect your eligibility. |
| For each salary source: |
| Salary source |
| |
| Percentage contribution to salary |
| |
| Type of contract |
| |
| |

Add your current and previous education and any relevant training

You only need to answer this question if you're a lead applicant or coapplicant.

For each education or training:

| School | | | | |
|-------------|---------------|------|--|--|
| | | | | |
| Country | | | | |
| Please se | elect | | | |
| Degree or | qualification | | | |
| Please se | elect | | | |
| Subject | | | | |
| | | | | |
| Start date | | | | |
| For example | , 31 03 2010 | | | |
| Day | Month | Year | | |
| End date (d | or expected) | | | |
| For example | , 31 03 2010 | | | |
| Day | Month | Year | | |

| aitiicare professional | |
|---|--|
| | |
| e you a healthcare professional? | |
| | |
| If 'Yes' is selected: | |
| What is your healthcare profession? | |
| | |
| Are you clinically active? | |
| For example, are you treating patients at the moment? | |
| | |
| | |
| | |
| If 'Yes' is selected: | |
| What is your specialty? | |
| If your specialty is not on the list, select 'Other' and specify. | |
| | |
| | |
| | |
| If 'Other' is selected: | |
| Please specify | |
| | |
| | |

Lead applicant details

Account profile

Complete, or check and update, the following sections under Personal details in your <u>Wellcome</u> Funding account profile :

| ersity monitoring informati | on. | | |
|-----------------------------|------------------------|--------------------------|--|
| ersity monitoring informati | on. | | |
| ersity monitoring informati | on. | | |
| | | | |
| rk history and education: o | complete only 'Your cu | rrent role' information. | |
| sic information about you | | | |
| | · · | • | ic information about you k history and education: complete only 'Your current role' information. |

Others involved in the proposal

List any others who will be involved in delivering this proposal (names and/or organisation). Provide a brief outline of their role in the proposed activity and their relevant experience.

This can be any individual or organisation who will be making a significant contribution to the proposal.

If there are no other participants, enter N/A.

Maximum 500 words.

I confirm that those named above have agreed to be involved, as described, in the proposed activity and are willing for their details to be included as part of this application.

Select one:

I confirm

Currency requested

Select the currency you would like the grant to be paid in

If your local currency is not on the list, we are unable to make payments in that currency. In this case, please cost the application in either GBP, USD or EUR.

| For more information see our grant currency exchange policy (opens in new tab). |
|---|
| Please select |
| Is this your local currency? |
| Select one: |
| • Yes |
| • No |
| If 'No' is selected: What is your local currency? Please select |
| Explain why you are requesting costs in the selected currency and what exchange rate you have used. |
| If you do not have a bank account in the currency you have requested, you will be liable for any increase in research costs due to foreign currency conversions or charges. |
| Maximum 100 words. |
| |

Costs requested and justification

Are you asking for staff?

Detail the full employment costs for all staff to be funded on the grant.

Basic annual starting salary: Annual salary to be paid to the individual on their appointment to the post, exclusive of any allowances for which the individual is eligible. If the post is part time, the annual salary must be quoted on a pro rata basis.

Total cost on grant: Total cost of the post, inclusive of any locally-recognised allowances (for example, London allowance), employer's contributions and increments, over the period of the grant. Employer's contributions should include any statutory obligations (for example for the UK, National Insurance contributions) and contributions towards an organisational pension scheme.

Select one:

- Yes
- No

| Ιf | 'Vac | 'ie | CO | lected |
|----|------|-----|----|--------|
| | | | | |

Staff costs

| Cost type | Number of staff | Role | Name (if known) | Basic annual starting salary | Months on project | % time | Cost requested |
|---|-----------------|------|-----------------|------------------------------|-------------------|--------|----------------|
| Select one: • Salary • Visa/work permit | | | | | | | |

Justification for staff

Specify the role and responsibilities for the staff requested. Justify the type and seniority, including the level of salary requested, of each post.

If any staff requested will be working in different locations, say where they will be working.

Maximum 300 words.

Research proposal costs 20

Are you requesting adjustment support?

If you or a member of staff employed on your grant is disabled or has a long-term health condition, we offer different types of support during your grant. This includes help to do your project, report on grant progress, and attend events such as researcher meetings.

Enter the cost of the adjustment support you need. We do not need any further information at this stage.

| Select one: • Yes • No | | |
|---------------------------------------|--|--|
| If 'Yes' is selected: Cost requested | | |
| | | |

Are you requesting training and continuing professional development?

| 0-1 | 1 | | |
|-----|------|----|-----|
| Se | lect | or | ıe: |

- Yes
- No

If 'Yes' is selected:

Training and continuing professional development

| Cost type | Description | Cost requested |
|---|-------------|----------------|
| Select one: • Continuing professional development and professional skills training • Research skills training | | |

| Justification for training and continuing professional development | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Are you requesting overheads?

Some organisations are eligible to request overheads on Wellcome grants. Refer to our <u>overheads</u> <u>policy</u> (opens in new tab) to see if this applies to your organisation and the maximum value you will be able to request.

If you are requesting overheads, you must upload a letter from your Finance Director providing information on how your organisation has calculated these costs.

Select one:

- Yes
- No

If 'Yes' is selected:

Overheads

| What percentage of overheads are you requesting for the direct research costs detailed in the application? | Cost requested |
|--|----------------|
| | |

Upload a letter from the Finance Director of each organisation. If there is more than one letter, upload these as a single PDF.

If the organisation has an externally audited or otherwise verified methodology for calculating overhead rates, the letter must include:

- Confirmation of the validated overhead rate
- Where this is documented (for example in an audit report, organisational policy)
- The name of the organisation which has verified the rate/methodology
- When the rate was last reviewed

If the organisation **does not** have an externally audited or otherwise verified methodology for calculating overhead rates, then the letter must include:

- a breakdown of the costs requested.
- confirmation that the request is a true representation of the costs incurred.

Browse for document

Upload one file. Your file must be a .PDF. Make sure your file size is less than 30MB

Are you based at a UK university and requesting overheads on subcontracted costs?

Select one:

- Yes
- No.

If 'Yes' is selected:

Confirm that the university will not include these subcontracted costs in its annual return for the UK Charity Research Support Fund.

Select one:

I confirm

Are you requesting travel and subsistence?

Include conference attendance, collaborative visits and other travel related to this grant separately. When necessary, include the host organisation. Enter the total carbon offset costs requested as a single line. Find out more about our carbon offset for travel policy on our website.

Conference attendance

The lead applicant and any staff employed on the grant can request costs to attend conferences, including conference registration fees and carbon offsetting the travel, up to a maximum of £2,000 a year for the lead applicant and £1,000 a year for each staff member. Specify the amount being requested for each.

You can ask for costs that exceed the above limits where conference attendance or dissemination is a core part of the activity. You will need to strongly justify where such costs are requested.

Collaborative visits

If you are requesting costs for collaborative visits, include the host organisation and provide a breakdown of the travel and subsistence costs. Justify the need for each visit, its duration and your mode of transport separately.

Other travel related to this grant

You can request costs for other essential visits. Justify the need for the visit, its duration and your mode of transport separately.

Carbon offset

Calculate your carbon offsetting costs for all the travel on the grant. Tell us the number of tonnes you are offsetting and the cost.

Select one:

- Yes
- No

If 'Yes' is selected:

Travel and subsistence costs

| Туре | Description | How much carbon will this offset (in tonnes)? | Cost requested |
|--------------------------|-------------|---|----------------|
| Select one: • Conference | | | |

| Туре | Description | How much carbon will this offset (in tonnes)? | Cost requested |
|--|-------------|---|-------------------|
| attendance Collaborative travel Other travel Carbon offset Subsistence costs | | | |

| Are you red | questing ove | rseas allo | wances? |
|-------------|--------------|------------|---------|

Select one:

- Yes
- No

If 'Yes' is selected:

Overseas allowance costs

| Туре | Description | Cost requested |
|---|-------------|----------------|
| Select one: Outward and return travel Baggage and freight shipping allowance Medical and travel insurance Visas and vaccinations Housing security Accommodation and subsistence Education Annual leave travel costs Language lessons | | |

Justification for overseas allowances

Are you requesting fieldwork expenses? Select one: Yes No If 'Yes' is selected: Fieldwork expenses Description Cost requested **Justification for fieldwork expenses** Are you requesting public engagement and patient involvement? Select one: Yes No If 'Yes' is selected: Public engagement and patient involvement costs Description Cost requested

Justification for public engagement and patient involvement

Are you requesting other costs?

Provide a detailed breakdown of the other costs requested. Enter costs that do not fall under any other category in this section.

Select one:

- Yes
- No

If 'Yes' is selected:

Other costs

| Туре | Description | Cost requested |
|-------------|-------------|----------------|
| Select one: | | |

Justification for other costs