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**Early Career Researcher Development Pathway Programme**

**APPLICATION FORM**

Please make sure you have completed all sections of the form before you submit it. We will accept neither incomplete forms nor chase up any missing information.  **Please ensure you attach a copy of your CV with this application.**

Forms submitted after the closing date deadline of **5pm, Sunday 31st July** will not be considered so please give yourself enough time to have the relevant discussions with your line manager and senior manager to complete the form.

Electronic signatures will be accepted.

**1. To be completed by the applicant.** (Please word process your answers)

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| **Personal Details** |
| Title |  |
| First name |  |
| Last name |  |
| What is your profession? |  |
| Name of Employer/Organisation  |  |
| Job Title |  |
| What is your current agenda for change band? |  |
| Address for correspondence |  |
| Postcode |  |
| Contact email |  |
| Contact phone number |  |
| Professional registration. Please provide details of your professional registration including your registration number and date of registration renewal. |
| **Special Needs or Support** |
| Please state any support required as a consequence of any disability or medical condition |
| Please describe briefly your current clinical role (max 200 words).  |

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| **Application Questions** (please complete all of the following questions with a **maximum words per question as stated.**) |
| Please detail briefly why you wish to undertake the ECRDP programme and why you think you will benefit from the opportunity (300 words) |
| **Previous Involvement in Research**Please outline any previous involvement in research  |
| **Please provide evidence of management support for your application for this programme** (100 words) |
| Please attach a brief CV (*This should be no more than 2 A4 pages and will include current educational attainment, professional qualifications/registration where appropriate, any prior research experiences including training to date, brief summary of any publications, grants, research presentations and other information applicants consider may be relevant to this application*) |

**3. Supporting statement from employer**

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| **Employing organisation supporting statement** |
| Applicant’s name: |
| **I can confirm my full support for the applicant and agree to:**Engage with the applicant to develop next steps (e.g. career developments, succession planning, project work).Honour the commitment to allow the applicant protected time of two days per month to undertake the programme.Discuss with the applicant the research needs of the area, department or organisation.Keep the programme team informed of changes in circumstances that impact on the applicant’s progress |
| Name (please print): |
| Signature of line manager: Date: |
| Contact telephone number: |
| Contact email: |

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| **Employing organisation**  |
| **Signed authorisation from current employing line manager (***By signing this authorisation this confirms permission to attend the Early Career Researcher Pathway Programme and matched time to enable effective participation in the programme***)**Please print name of Senior Manager: ……………………………………………..Contact email/telephone number: ………………………………………….Signature of Senior Manager Date |

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| **Declaration from applicant** |
| I confirm that the information given on this form is true, complete and accurate and I have not withheld any information relevant to this application. I confirm that I am able to attend all dates listed in the programme outline document and I am aware that the programme requires 90% attendance minimum.  |
| Signature | Date |

**The deadline for submission is 5pm Sunday 31st July 2022**

Please return your completed forms to leanne.gregory@researchnorthwest.nhs.uk