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Description automatically generated**

**Adult and Children’s Social Care Practitioner Researcher Programme**

**Application Form**

Please make sure you have completed all sections of the form before you submit it. We will not chase up incomplete forms.

Forms submitted after the closing deadline of **5pm 14th July 2023** will not be considered so please give yourself enough time to have the relevant discussions and to complete the form.

It is fine to include electronic signatures.

**SECTION 1. To be completed by the applicant**

|  |  |
| --- | --- |
| **Personal Details** | |
| Title |  |
| Forename |  |
| Surname |  |
| Name of Employer |  |
| What is your profession? |  |
| Job Title |  |
| Address for correspondence |  |
| Postcode |  |
| Contact email |  |
| Contact phone number |  |
| Professional registration: Please provide details of the status of your professional registration with Social Work England (SWE) or Health and Care Professions Council (HCPC). | |
| Please briefly describe your current role (max 200 words) | |

|  |  |  |
| --- | --- | --- |
| **Education and Qualifications** | | |
| Please provide details of your qualifications obtained since leaving school with the most recent first. (Add additional rows if required) | | |
| Name of institution | Dates of attendance | Qualification obtained (include class or grade if known) |
|  | From |  |
| To |
|  | From |  |
| To |
|  | From |  |
| To |
|  | From |  |
| To |

|  |
| --- |
| Please state any support required |
|  |

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| **Application Questions** (please answer all the following questions with a **maximum 250 words per question**.) |
| 1. Why do you want to undertake the Adult and Children’s Social Care Practitioner Researcher programme? |
| 2.What are you hoping to achieve as a result of undertaking the programme? |
| 3. What are your future career plans and how will the programme help you to realise them? |
| 4. How do you think your involvement in the programme will enhance your and/or others’ practice? |
| 5. Please outline any research and training experience you have already undertaken |
| 6. Please outline your research interests. If you have a particular research project in mind, please briefly describe |

**SECTION 2. To be completed in conjunction with your proposed academic supervisor**

If you currently have no academic supervision arrangements in place and would like

NHS R&D NW to help identify a suitable academic supervisor please tick here

|  |  |
| --- | --- |
| **Academic Supervisor contact information** | |
| Title |  |
| First name |  |
| Surname |  |
| Host university: Faculty/Centre/School |  |
| Address for correspondence |  |
| Contact email |  |
| Contact phone number |  |
| Please briefly outline your experience of supervising research degree students or equivalent (max 250 words) | |
| Please briefly describe the research activity that you consider could by undertaken by the awardee. | |
| **Declaration from supervisor** | |
| I confirm that I have met with (insert candidate name) and that we have agreed to develop a programme of work for the duration of the award | |
| Signature | Date |

**SECTION 3. Supporting statement from employer**

|  |
| --- |
| **Employing organisation supporting statement** |
| Applicant’s name: |
| This section is to be completed by the candidate’s line manager, and signed off by his/her PSW, confirming support for the proposed internship.  Please note that this should confirm that the candidate will be released from professional responsibilities for the duration of the programme, including all three residential workshops.  It should also confirm agreement to undertake both an initial personal development planning meeting with the candidate and a final review of the internship experience. |
| Signature of line manager Date |
| Signature of PSW or equivalent Date |

**SECTION 4. Candidate Declaration.**

|  |  |
| --- | --- |
| I confirm that the information given on this form is true, complete and accurate and no information requested, or other material information has been omitted | |
| Signature | Date |

**The deadline for submission is Friday 14th July, 5pm**

Please return your completed forms to [heather.pearson@researchnorthwest.nhs.uk](mailto:heather.pearson@researchnorthwest.nhs.uk).

**What happens next?**

Following the submission deadline, all applications will be checked for completeness and eligibility. Eligible applications will be sent to the selection panel for consideration at the Funding Recommendation Meeting. Candidates will not be invited to interview.

* Deadline for applications **Friday 14th July, 5pm**
* **Successful candidates will be informed by 28th July**
* Date of first 2-day residential **11th & 12th October, Lancaster House Hotel, Lancaster**

Applicants will be notified of the outcome of their application via email. It can take up to 10 working days for application outcomes to be issued. Feedback can be made available to unsuccessful applicants on request.