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**HEE/NIHR ICA Post-doctoral Bridging Programme (North) 2024**

**Application Form**

***(Please refer to guidance document when completing this form)***

**Data Protection Statement**

By submitting this form you are consenting to NHS R&D NW using the information provided from time to time for the purposes of exploring the clinical academic development programme operating across the East of England. The information that you provide on your application form will be used for the following purposes:

* To enable your application for entry to be considered and allow our recruitment team, where applicable, to assist you through the application process;
* To enable us to compile statistics, or to assist other organisations to do so about clinical academic careers. No statistical information will be published that would identify you personally;
* To enable us to initiate your Award record should you be offered a place on the programme.

Postdoctoral Bridging Fellowship application form 2024

**This form should be completed and returned (along with supporting documentation as required) to** [heather.pearson@researchnorthwest.nhs.uk](mailto:heather.pearson@researchnorthwest.nhs.uk) **by 5pm, 5th April 2024. Interviews will provisionally be held on 25th April 2024 in Leeds.**

Please complete the form in **BLOCK CAPITALS** if handwritten or type.

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| **PERSONAL DETAILS** | | | | |
| Surname/Family Name: | | First/Given Name(s): | | |
| Previous Surname/Family Name (if applicable): | | | | Title (Dr, Mr, Mrs, Ms, etc.): |
| Date of Birth: | Gender: | | Nationality: | |
| Country of Birth: | | Country of Permanent Residence: | | |
| **ADDRESSES** | | | | |
| Permanent Home Address:  (This must be completed) | | Address for Correspondence:  (If different from home address) | | |
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| Post Code: | | Post Code: | | |
| Tel: | | Tel: | | |
| Email: | | Email: | | |

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| **PROFESSION** |
| Nursing |
| Social Care |
| Midwifery |
| Allied Health |
| Health Visiting |
| Pharmacy |
| Wider Dental Team |
| Operating Department Practitioner |
| Clinical Psychology |
| Other (Please state): |

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| Which year do you anticipate on making an application for the NIHR ACAF or similar fellowship scheme following this bridging award? | 2025  2026 |

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| **PROFESSIONAL REGISTRATION** |
| Please provide details of professional registration including PIN number and date of registration for renewal. |
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| **EDUCATION AND QUALIFICATIONS** | | | |
| Give details of the three highest classifications, further or higher education, since leaving school. Please provide information on qualifications already obtained and examinations still to be taken with the most recent first (for PhD please provide dissertation title). | | | |
| **Name of Institution/Address** | **Dates (mm/yyyy) of attendance** | **Qualification/Award (include class & division or grade obtained if known)** | **Main Subjects** |
|  | From: |  |  |
| To: |
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| **ENGLISH LANGUAGE COMPETENCE**  **To be completed by applicants educated outside the UK where English is not the first language** | | | |
| Applicants educated outside the UK in countries where English is not the first language must provide evidence that they have sufficient command of both spoken and written English.  Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.0-6.5 in the British Council IELTS test; a score of 600 (80/90 IBT) in TOEFL, with a score of 4.0 in the Test of Written English (TWE). You will be required to submit originals or certified copies of any certificates and score reports. | | | |
| a) Is English your first language?  Yes  No | | | |
| b) Is/was English the language of instruction of your first degree?  Yes  No  If yes, please provide written confirmation from the institution where you undertook your studies, that English was the language of instruction. | | | |
| c) Please list any formal English Language qualifications with results obtained (i.e. IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test. | | | |
| **English Qualification** | | **Result** | **Date** |
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| **Mentor(s) Details:** | | | |
| Name: |  | | |
| Job Title: |  | | |
| Organisation: |  | | |
| Email address: |  | | |
| Please describe their expertise/activities to support you in this bridging award |  | | |
|  | | | |
| Name: |  | | |
| Job Title: |  | | |
| Organisation: |  | | |
| Email address: |  | | |
| Please describe their expertise/activities to support you in this bridging award |  | | |
| **How did you hear about this award?** | | | |
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**2. Proposed project**

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| a) Please give an outline of your research proposal that you intend to develop into a fellowship application including background, aims/objectives, and proposed methods. It is not essential that your research question is fully formed at this stage or that the methods and design are detailed (max 1,000 words) |
|  |
| b) How will patient/client care be improved through your research interest? You may find it helpful to look at the NIHR remit and NHSE priorities (max 500 words) |
|  |
| c) What specific aspects of your application for a fellowship do you need help with (max 500 words) e.g. patient and public involvement, methodological advice. You may find it helpful to look at the ACAF applicant [guidance notes](https://www.nihr.ac.uk/documents/heenihr-ica-programme-advanced-clinical-academic-fellowships-guidance-notes-round-1-2022/30229) from round 1 2022 to obtain an idea of the different aspects which will need to be addressed when preparing an application |
|  |
| d) How do you propose to use this award to develop your fellowship application (max 500 words). You need to give a broad outline of milestones and how you intend to manage the available time. A Gantt chart can be submitted as an attachment, if you wish |
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| **EMPLOYMENT DETAILS / OTHER EXPERIENCE** | | | |
| Give details of any professional or research experience relevant to your application. Continue on a separate sheet if necessary. | | | |
| **Employer** | **Title and duties of post** | **Dates From** | **Dates To** |
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| **PUBLICATION/GRANTS/ PRIZES**  Please provide a full list of publications and grants or prizes (if appropriate) to this application | | | |

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| SUPPORTING LETTERS are required from Healthcare organisation managers, and should be sent with your application to heather.pearson@researchnorthwest.nhs.uk. Applications without these will not be shortlisted. | | |
| **Healthcare organisation manager’s name:** | | |
| correspondence address: |  | |
| Telephone number: |  | |
| Email: |  | |
|  | | |
| Please attach a supporting letter from your HealthCare organisation manager confirming their support for you to undertake this programme (this should state that you will be released from your clinical commitments and the funding will be ring fenced for your developmental use only for the duration of your award).  Healthcare organisation manager letter of support attached:  Yes  No  Where possible letters must be signed and submitted on organisation headed paper (PDF versions are acceptable), emails will be accepted if received direct from your manager. | | |
| **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. | | |
| Signed: | | Date: |

**Deadline for submission is 5pm, 5th April 2024.**

**Completed and signed applications**

***(along with supporting documentation as required)***

**must be emailed to**

[**heather.pearson@researchnorthwest.nhs.uk**](mailto:heather.pearson@researchnorthwest.nhs.uk)