**A logo for a health care research company

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**NHSE / NIHR Internship Programme**

**Application Form**

**(NORTH WEST REGION ONLY)**

Please make sure you have completed all sections of the form before you submit it. We will not chase up incomplete forms. **Please ensure you attach a copy of your CV with this application.**

Forms submitted after the closing deadline of **5pm 31st January 2025** will not be considered so please give yourself enough time to have the relevant discussions and to complete the form.

Electronic signatures will be accepted.

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

|  |  |
| --- | --- |
| **Personal Details** | |
| Title |  |
| Forename |  |
| Surname |  |
| Date of Birth |  |
| Name of Employer |  |
| What is your profession? |  |
| 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. | |
| Please describe briefly 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 |

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| Please state any support required because of any disability or medical condition |
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| **Application Questions** (please complete all the following questions with a **maximum 250 words per question**.) |
| 1. Please tell us about any research experience you have had to date. This does not have to be your OWN research.  *(Examples include but not limited to any experience of promoting and or delivering studies, collecting and analysing data, presenting research, research project experience, developing research questionnaires, involvement with patient groups, involvement in research journal clubs, literature reviews.)* |
| 2. Why do you want to undertake an internship?  *(Examples may include how you see the internship helping you to become more involved in research, how it could develop you as a researcher, how the internship may influence practice within your team, helping you to develop initiatives to reach underserved populations, helping you to develop closer links with your Research Delivery Network i.e. exploring RDN key roles and developing an understanding of the strategic landscape.)* |
| 3. What are your future career plans and how will the internship help you to achieve them?  *(Consider research training, developing your practice, developing knowledge of research skills, developing your leadership capabilities, networking/collaboration opportunities, carrying out a research project in your own area of practice or working with others in research-based activities.)* |
| 4. How do you think your internship will enhance your practice?  *(Examples include a greater understanding of high-quality research, effectiveness to change practice, greater understanding of outcomes, embedding research into practice, exploring your potential within the development of or enhancement of a clinical academic role, extending your networks and collaborative working opportunities, exploring becoming a research champion for your organisation or profession.)* |
| 5. Please provide a brief overview of your current research interest(s) or intentions if you do not currently have a specific project in mind. |

Please complete the following personal learning plan that you will aim to complete during the internship programme.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are my aims/goals?** | **How can I improve my chances of meeting my aims/goals?** | **What obstacles might get in my way?** | **Where can I go to get support?** | **What strengths do you have that can help you with this?** |
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**SECTION 2. Supervisory Arrangements.**

**Please complete either section 2A or 2B**

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

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

assistance from NHS R&D NW in securing a supervisor please tick here

|  |  |
| --- | --- |
| **Supervisor’s contact information** | |
| Title |  |
| First name |  |
| Surname |  |
| Host Faculty/Centre/School |  |
| Address for correspondence |  |
| Contact email |  |
| Contact phone number |  |
| Please outline briefly your experience of supervising higher degrees by research (max 250 words) | |
| Please describe broadly the research programme you will provide for your intern, your expectations and the experience he/she will obtain. | |
| **Declaration from supervisor** | |
| I confirm that I have met with (insert applicants name) and that we have agreed the above programme of work | |
| Signature | Date |

**Section 2B. To be completed in conjunction with your proposed research delivery network**

If you currently have no research delivery network arrangements in place and

would like assistance from NHS R&D NW please tick here

|  |  |
| --- | --- |
| **Research Delivery Network contact information** | |
| Title |  |
| First name |  |
| Surname |  |
| Host Faculty/Centre/School |  |
| Address for correspondence |  |
| Contact email |  |
| Contact phone number |  |
| Please describe broadly the support that you will provide for your intern, including expectations and experiences he/she will obtain. | |
| **Declaration from supervisor** | |
| I confirm that I have met with (insert applicants name) and that we have agreed the above programme of work | |
| Signature | Date |

**SECTION 3. Supporting statements**

**Section 3A. Supporting statement from employer**

The applicant must discuss their intention to apply for the internship programme fully with their line manager. This section must be completed by the applicant’s line manager confirming their support for the proposed internship. Should your line manager have any questions or queries regarding this programme they must seek advice from either their employing body or NHS R&D NW, before submitting the application.

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| **Employing organisation supporting statement** |
| Applicant’s name: |
| * I am aware that the above-named individual has applied for the NHS England (NHSE) Integrated Clinical Academic Internship Programme for non-medical healthcare professionals delivered by NHS R&D NW. * I understand our organisation can claim an employer capacity support payment, of up to £3000,upon providing evidence of appropriate support provided. * I understand that I need to contact the finance department of my Trust to facilitate payment of the employer capacity support. * I understand that the personal award for the individual, if successful, will be held by NHS R&D NW with a request to draw down from the funding made by the individual direct to NHS R&D NW. * I confirm that the above-named applicant will be released from their clinical obligations to fulfil the programme activities. This will be up to a maximum of 38 days and release to be agreed with the applicant, line manager and academic supervisor/research delivery network. |
| Name of line manager: |
| Signature of line manager: Date: |
| Contact email for line manager: |

**Section 3B. Supporting statement from R&D / R&I Department**

The applicant must discuss their intention to apply for the internship programme fully with a representative from their organisation’s R&D / R&I department and seek confirmation of their support for the duration of the programme. This section must be completed by a representative from the R&D /R&I department confirming their support for the proposed internship. Should they have any questions or queries regarding this programme they must seek advice from either their employing organisation or NHS R&D NW, before submitting the application.

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| --- |
| **R&D / R&I Department supporting statement** |
| Applicant’s name: |
| * Identify ways in which the individual will benefit from participation in this programme and how you would support this as part of their CPD. * Identify ways in which your organisation will benefit if the applicant is successful in being selected for the Internship Programme and what potential outcomes you would expect to see. * Identify ways you would be able to support the participant in identifying relevant and meaningful research projects or experiences they could participate in within your organisation, which could include shadowing existing researchers. |
| Name: |
| Signature: Date |
| Position with R&D / R&I Department: |

**SECTION 4. Declaration from applicant.**

|  |  |
| --- | --- |
| 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 31st January 2025.**

Please return your completed forms to and CV to [leanne.gregory@researchnorthwest.nhs.uk](mailto:leanne.gregory@researchnorthwest.nhs.uk).

**What happens next?**

Following the submission deadline, all applications will be checked for completeness and eligibility. All eligible applications will then be considered for shortlisting for interview.

* Deadline for applications31st January 2025
* Online interviews w/c 3rd March 2025
* Internship Programme start 30th April 2025

Applicants will be notified of the outcome of their application via email following the interview. Feedback will be sent on request to unsuccessful applicants. If you require further information please contact Jo-Anne Simpson, Chief Operating Officer, NHS R&D NW - [joanne.simpson@researchnorthwest.nhs.uk.](mailto:joanne.simpson@researchnorthwest.nhs.uk)

**Please ensure you attach a copy of your CV and completed personalised training plan with your application and have obtained all necessary signatures and permissions.**