**West Midlands Clinical Academic Internship Programme**

**Application Form Guidance**

Please read the following for instructions on the completion and submission of your application form:

|  |  |
| --- | --- |
| **Section** | **Guidance** |
| 1. | Please complete your personal details in full. |
| 2. | Provide details of your current and any other relevant employment, in reverse chronological order (i.e. latest first). |
| 3. | Complete your professional and academic qualification details in full, listing your qualifications in reverse chronological order (i.e. latest first). |
| 4. | Please indicate why you wish to undertake the West Midlands Clinical Academic Internship Programme, to include: any relevant skills and experience you would bring to the programme; how the programme would support your future career plan and future academic aspirations; and your research area of interest. |
| 5. | Please ensure the Supporting Statement from your Employer is completed in full by your line manager. Your application will not be considered if you do not include this signed statement (e.g. a PDF or scanned signature). This page can be detached and emailed separately to the below address by your line manager. |
| 6. | Please ensure you sign and date this section (scanned/emailed copies will be accepted). |
| 7. | As part of its equal opportunities policy, Birmingham Health Partners monitors applications by gender, ethnic origin and disability. Provision of information of this information is voluntary but we hope you will agree to provide it to assist us to monitor our equal opportunities policy.  |
| Appendix 1  | Learning contract – for information only – does not need to be completed at this stage. |

|  |
| --- |
| **Submission guidance** |
| Deadline for submission | Monday 4th June 2018 - midday |
| Please submit your completed application form to | CAIP@uhb.nhs.uk  |
| **Please ensure you obtain an email reply indicating your application form has been received.** |

|  |
| --- |
| **Interview process** |
| **If you are short listed for interview you will be notified by no later than Friday 15th June.****Please note that interviews are likely to be scheduled for w/c 9th & 16th July 2018.** |

**West Midlands Clinical Academic Internship Programme – Application Form**

**To be completed electronically.**

|  |
| --- |
| 1. **PERSONAL DETAILS**
 |
| Surname/family name: | First/given names: |
| Previous surname/family name (if applicable): | Title (Dr, Mrs, Ms, Miss, etc): |
| Date of Birth: | Gender: | Nationality: |
| Home address: | Correspondence address (if different from home): |
|  |  |
|  |  |
|  |  |
| Post code: | Post code: |
| Tel: | Tel: |
| Mobile: |
| Preferred Email address:  |

|  |
| --- |
| **SPECIAL NEEDS OR SUPPORT**Please state any support required as a consequence of any disability or medical condition. The information provided will be treated confidentially and will not affect judgements concerning your suitability for the role. |
|  |

|  |
| --- |
| **OTHER INFORMATION** |
| Do you have any criminal convictions/caution? Yes □ No □ Do you have a current enhanced DBS check? Yes □ No □ NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the ‘yes’ box, you will be required to provide details of any convictions/cautions. |

|  |
| --- |
| 1. **EMPLOYMENT**
 |
| **EMPLOYMENT DETAILS**Please give details of your current and any other relevant employment, in reverse chronological order (i.e. latest first). |
| **Employer** | **Title and duties of post** | **Dates From** | **Dates To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **PROFESSIONAL AND ACADEMIC QUALIFICATIONS**
 |
| **PROFESSION** |
| Profession:  | Grade/band: |
| Do you hold a professional registration? (please tick) Yes □ No □ If yes, please detail below |
| Name of professional body: |
| PIN/registration number: | Expiry date: |
| **QUALIFICATIONS**Please enter details of qualifications held in chronological order from the most recent. |
| **Qualification (e.g. Degree, HND, Access, NVQ, Masters, Professional)** | **Subject** | **From Year** | **To Year** | **Place of study** | **Result** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1. **SUPPORTING INFORMATION**

 Total word count: 500 words |
| Please indicate why you wish to undertake the West Midlands Clinical Academic Internship Programme, to include any relevant skills and experience you would bring to the programme.How the programme would support your future career plan and future academic aspirations Outline briefly your research area of interest. |

|  |
| --- |
| 1. **SUPPORTING STATEMENT FROM EMPLOYER**

To be completed by Line Manager |
| **Applicant Name:** |
| **I can confirm my full support for the above applicant and agree to: (please sign each box)** |
| Honour the commitment to allow the CAIP intern 30 days to undertake the programme over its duration |  |
| Discuss with the intern the research needs of the area, department or organisation |  |
| Keep BHP CAIP informed of changes in circumstance that impact on the fellow’s progress |  |
| Invoice BHP CAIP for the single grant payment |  |
| Line Manager Signature: | **Date:** |
| **Line Manager Name:** | **Position:** |
| Address: |
|  |
| Post code: |
| Telephone number: |
| Email: |

|  |
| --- |
| 1. **DECLARATION**

To be completed by the applicant |
| I have read and understand the requirements and expectations of the programme as outlined in the learning contract **(please see appendix 1).**  |
| 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 of applicant: | Date: |

|  |
| --- |
| 1. **EQUAL OPPORTUNITIES MONITORING**
 |
| **Ethnic origin**I would describe my ethnic origin as follows:I do not wish to disclose my ethnic origin □ |
| **Sexual orientation**Please indicate which term would best describe your sexual orientation: I do not wish to disclose my sexual orientation □ |
| **Religion or belief**Please indicate your religion or belief:I do not wish to disclose my religion or belief □ |
| **Relationships – Conflict of Interest**If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship:  |

|  |
| --- |
| **Please indicate how you heard about the Programme** |
| Line Manager □Internet □ | Colleague □Flyer □ | Professional Network □Other □ |
| Other (please specify): |

**Appendix 1: Learning Contract**

**(Please do not complete - for information only)**

**West Midlands Clinical Academic Internship Programme**

**Learning Contract**

This learning contract represents the minimum expected of each of the partners but is not exhaustive and is subject to change

|  |  |
| --- | --- |
| **Name of intern** |  |
| **The BHP CAIP programme will provide:** |
| A programme of taught sessions as specified in the timetable |
| An academic supervisor who shares at least one of the following with the intern* Ease of access (geographically)
* Methodological similarity
* Topic area interest
 |
| A monitored inbox for intern, supervisor, and facilitator use |
| Response to inquiries from intern or supervisor within 2 working days |
| Regular evaluative opportunities to receive feedback from interns |
| Single grant payment to the intern’s NHS organisation  |
| Make available University of Birmingham library access |
| Facilitate application to a chosen Higher Education Institute (HEI) to undertake an MRes module |
| Make available research placements that provide a breadth of understanding of different research activities |
| Maintain and develop a diverse supervisor database |
| Maintain records of the interns progress and achievement |
| Facilitate communication of the programme and the interns progress between the CAIP team, the intern and the supervisor |
| Maintain communication with the intern after the programme has completed |
| Ensure the programme is marketed in such a way that a diverse range of professions and people are able to take advantage of the opportunity |
| Provide a Portfolio to facilitate demonstration of the intern’s development and achievement |
| **The supervisor will:** |
| Agree to meet the intern at least once per month for one hour during the programme (this can be in person or via telephone/skype) |
| To complete the supervision log at least monthly and ensures that the intern emails this to the CAIP team |
| Support the intern to evaluate their development and academic learning needs |
| Support the intern to refine their research question and plan a integrative literature review and or design and undertake Patient and Public Involvement (PPI) activity |
| Provide feedback to the intern on written work in a timely and constructive manner |
| Help the intern to understand plagiarism |
| Support the intern to submit his or her literature review to an appropriate journal and with the submission of application for further study |
| To respond to intern enquiries via email within 3-5 working days unless an absence has been discussed |
| To communicate absence to the CAIP team in order that substitute supervision can be arranged |
| At the end of the programme, the supervisor will notify the CAIP team on the intern’s progress and whether the supervisory relationship will continue |
| **Signature:** |
| **Signed by (name):** | **Date:** |
| **The intern will:** |
| After receiving confirmation of University of Birmingham ID and email collect their ID badge from the main library, complete the library access procedure, and accept the invitation to the virtual learning environment (Canvas) courses |
| Attend all taught sessions and engage with other learning opportunities unless unable to because of illness or personal circumstance. If the intern will be absent they will need to inform the CAIP team via email |
| Make arrangements to review missed session material – e.g. via Canvas |
| Meet supervisor at least once per month (this can be in person or via telephone/skype) and return supervision log to the CAIP team via email  |
| Prepare work and questions so that the supervision sessions are productive and contribute to progress |
| Undertake an evaluation of learning needs and discuss these with CAIP BHP and supervisor |
| Develop and refine a feasible research question |
| Develop and refine an appropriate method |
| Abide by good academic standards |
| Undertake research placements that support breadth of learning and methodological understanding |
| Develop and submit for publication a literature review to support the research project or undertake a PPI project |
| Use the Portfolio to maintain a record of activity and achievement |
| Prepare and present a 10 minute presentation that details* The research question
* An outline of the method proposed to address this
* An outline of the findings of the literature review/PPI work
* A discussion of how the literature review/PPI influenced the research project question or design
* An outline of the main learning points for the intern from the programme
* An outline of what the intern has planned for the future (e.g. application to MRes).
 |
| Give due consideration to undertaking an MRes module |
| Complete the interactive plagiarism course provided via Canvas |
| Provide evaluation and feedback to the supervisor and the CAIP team |
| Participate in classroom discussions and action learning sets |
| Keep the CAIP team informed of changes in circumstance that might impact on their progress |
| **Signature:** |
| **Signed by (name):** | **Date:** |
| **The line manager or organisational representative will:** |
| Invoice CAIP team for the single grant payment |
| Honour the commitment to allow the CAIP intern 30 days to undertake the programme over its duration |
| Discuss with the intern the research needs of the area, department or organisation |
| Keep CAIP team informed of changes in circumstance that might impact on the intern’s progress |
| **Signature:** |
| **Signed by (name):** | **Date:** |