**West Midlands HEE/ICA doctoral fellowship application writing award**

**2021-22**

**Application Form**

**Data Protection Statement**

By submitting this form you are consenting to University Hospitals Birmingham NHS Foundation Trust using the information provided from time to time for the purposes of exploring the clinical academic development programme operating across the West Midlands. 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.

**Please send an electronic copy of this form by midday 10th December to clinicalacademics@uhb.nhs.uk**

1. **Personal Details (please complete all fields)**

|  |  |
| --- | --- |
| **Lead applicant:***Title, Forename, Surname,*  |  |
| **Work address for correspondence:** |  |
| **E-mail address:** |  |
| **Preferred phone number(s):** |  |
| **Current Post:** |  |
| **Professional body registration (name of body and number)** |  |
| **Name of current employing organisation:** |  |
| **Are you employed by an organisation whose core business is delivery of NHS care as a primary aspect of your professional role in the West Midlands region YES / NO**  |
| **Department(s) hosting this bridging award:** |  |
| **Details of any previous Clinical Doctoral Fellowship Application (name of scheme, funder, date submitted and outcome of application). If not applicable please leave this section blank.**  |  |
| **Details of planned Clinical Doctoral Fellowship application (name of scheme, funder and planned submission date)**  |  |

**2. Proposal for use of bridging award**

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| --- |
| Please give details of how you intend to use the £5,000 bridging award to develop your application further. Suggested sections are: i) what areas remain to be refined or revised and how you plan to do so ii) estimated days study leave you plan to use and how funds paid to your employer will be used to enable you to undertake the required work (max 500 words) |
|  |

1. **Primary Academic Supervisor (the next 2 pages should be completed electronically, if signatures cannot be added electronically to the document these 2 pages once signed can be emailed as scanned copies)**

**Please give details of your proposed primary supervisor**

**Supervisor:**

|  |
| --- |
| Name: |
|  |
| Profession: |
| Current position:  |
| Address (work): |
| Email: | Telephone: |

I am supportive of this application for a bridging award and willing to work with the applicant towards a submission.

Supervisor signature: Date:

**Declaration and signature by applicant**:

|  |
| --- |
| I confirm that the details and information given on this application form are correct and accurate and no information requested or other material information has been omitted.  |
| Applicant’s signature:Date:  |

**Supporting statement from employer**

**The person who is your line manager must sign this form. University Hospitals Birmingham will pay the employer up to £5000 to enable the applicant to take the proposed number of study days and work towards a resubmission of a clinical doctoral fellowship.**

|  |
| --- |
| Applicant Name: |
| I can confirm that the above applicant has discussed this application, am supportive of their application for the award and will release the applicant for the specified study days  |
| Line Manager Signature: | Date: |
| Line Manager Name: | Position: |
| Address: |
|  |
| Post code: |
| Telephone number: | Email: |

**Deadline for submission is midday 10th December 2021**

**Completed and signed application form with copies of either the previously submitted or your planned fellowship application and any feedback from funder, if available, must be emailed to**

**Clinicalacademics@uhb.nhs.uk**

**Monitoring information**

NHS England, Health Education England working in the West Midlands are committed to a policy of equal opportunities. In order to monitor the effectiveness of this policy, applicants are asked to complete this monitoring information. These statistics are used solely for the purpose of monitoring and form no part of the selection procedure. This information will be removed from the above data which will go to consideration of the selection panel

*Please tick the box which you feel most accurately describes your ethnic origin.*

|  |  |
| --- | --- |
| White British |  |
| White Irish |  |
| Other white background, please indicate |  |
| Black or Black British Caribbean |  |
| Black or Black British African |  |
| Other Black background – please indicate |  |
| Asian or Asian British- Indian |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British - Bangladeshi |  |
| Chinese or other ethnic background -Chinese |  |
| Other Asian background –Please write in below |  |
| Mixed –White and Black Caribbean |  |
| Mixed –White and Black African |  |
| Mixed –White and Asian |  |
| Other mixed background |  |
| Other ethnic background |  |
| Not known |  |
| Information refused |  |

**Disability/additional needs**

Please tick the box next to the statement which is most appropriate to you.

|  |  |
| --- | --- |
| You do not have a disability nor are aware of any additional support requirements in study |  |
| You have dyslexia |  |
| You are blind/partially sighted |  |
| You are deaf/ have a hearing impairment |  |
| You are a wheelchair user of have difficulties with mobility |  |
| You need personal care support |  |
| You have mental health difficulties |  |
| You have an unseen disability e.g. Diabetes, epilepsy, asthma |  |
| You have two or more of the above disabilities/ additional needs |  |
| You have a disability not listed above (Please specify) |  |