Programme Application Form Guidance (Page 1 of 2)

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

(please ensure you complete this electronically).

|  |  |
| --- | --- |
| **Section** | **Guidance** |
| 1. | Please complete your personal details in full. |
| 2. | Please give details of your current and any other relevant employment, in reverse chronological order (i.e. latest first). |
| 3. | Please complete your professional details, and upload a CV alongside your application form listing your employment history and qualifications in reverse chronological order (i.e. latest first), and any publications and outputs. |
| 4. | Please indicate why you wish to undertake the Post-Doctoral Bridging Programme. Provide details of your clinical academic development to date and how the programme would support your future career plan and aspirations. Please give details of outputs (publications,  conferences, grants) and indicators of esteem (involvement in national, international professional activities, editorial roles, awards, etc.). Max word count: 800 words |
| 5. | Please describe the programme of research that you would intend to pursue. This section should be structured, and should be fully referenced. Please provide details of patient benefit of the proposed programme of work. Max word count: 800 words |
| 6. | Individual training and development grant: Please provide detailed costings for proposed activities during the programme up to the value of £14,000. The funding can be used for salary support (i.e. include salary costs), training, conferences, external visits, publication costs, etc.Max word count: 800 words |
| 7. | Please indicate here if you have identified a senior academic and or clinical supervisor to  support you to develop this programme and/or your future training plans. Also identify any collaboration you have developed to date, and/or would wish to foster through this award. |
| 8. | Please ensure the Supporting Statement from your employer is completed in full by your line manager or organisational designate with authority. 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. |
| 9. | To be completed by the applicant. Please ensure you sign and date this section (scanned/emailed copies will be accepted). |
| Appendix 1 | This Partnership Agreement represents the minimum expected of each of the partners. This does not have to be completed as part of the application process. |

West Midlands Post-Doctoral Bridging Programme Application Form Guidance (Page 2 of 2)

|  |  |
| --- | --- |
| **Submission guidance** | |
| Deadline for submission | **Monday 24th April 2023** |
| Please submit your completed application form to | [clinicalacademics@uhb.nhs.uk](mailto:clinicalacademics@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 **Wednesday 18th May**  Please note that interviews are likely to be scheduled for **12th and 13th June** |

**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.

West Midlands Post-Doctoral Bridging 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.): |
| Home address: | Correspondence address (if different from home): | |
|  |  | |
|  |  | |
|  |  | |
| Post code: | Post code: | |
| Tel: | | |
| Mobile: | | |
| Work email address: | | |
| Personal email address: | | |
| ORCID Registration: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. CURRENT EMPLOYMENT** | | | | |
| **Employer** | **Title and duties of post** | | **Dates From** | **Dates To** |
|  |  | |  |  |
|  |  | |  |  |
| **3. PROFESSIONAL AND ACADEMIC QUALIFICATIONS** | | | | |
| **PROFESSION** | | | | |
| Profession: | | Grade/band: | | |
| Name of professional body: PIN Number: | | | | |
| **QUALIFICATIONS** | | | | |
| **Please attach a CV alongside this application form with your Qualifications, Employment History, Publications and Outputs.** | | | | |
| **4. SUPPORTING INFORMATION**  Max word count: 800 words | | | | |
| * Briefly tell us about your current role. * What do you consider are your key achievements (research or otherwise) that contribute towards your current application? * How will this opportunity enable you to move forward with your research career? * How will this research opportunity and your future role benefit your employer? * How does your research idea fit with national work or contemporary work, to build on existing evidence in a particular field? | | | | |

|  |
| --- |
| **5. PROJECT INFORMATION**  Max word count: 800 words |
| Please use the following headings:   * Title of research: * Background/Literature * Aims * Study design including methods/outcome measures * Benefits to clinical practice |
| **6. Proposed Training and Development Plan**  Max word count: 800 words |
|  |

|  |
| --- |
| **7. ACADEMIC AND CLINICAL MENTOR(S)** |
|  |

|  |  |  |
| --- | --- | --- |
| **8. SUPPORTING STATEMENT FROM EMPLOYER**  To be completed by line manager or organisational designate with authority | | |
| **Applicant Name:** | | **Date:** |
| **I can confirm my full support for the above applicant and agree to: (please sign each box)** | | |
| Engage with the fellow to develop next steps (e.g. career pathway, succession planning, project work) | |  |
| Honour the commitment to allow the fellow 48 days to undertake the programme over 12 months | |  |
| Discuss with the fellow the research needs of the area, department or organisation | |  |
| Keep the programme team informed of changes in circumstance that impact on the fellow’s progress | |  |
| Liaise with the local finance contact to check the processing of the two-part grant payments | |  |
| **Line Manager Signature:** | **Date:** | |
| **Line Manager Name:** | **Position:** | |

|  |
| --- |
| Address: |
|  |
| Post code: |
| Telephone number: |
| Email: |

|  |  |
| --- | --- |
| **9. DECLARATION**  To be completed by the applicant | |
| I have read and understand the requirements and expectations of the programme as outlined in the Partnership Agreement **(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: |

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

**Monitoring information**

NHS England, Health Education England working in the West Midlands is 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

The Equality Act 2010 protects people against discrimination on the grounds of:

* their age and sex.
* their race which includes colour, nationality, ethnic or national origin.
* their religion or belief, including a lack of any belief.
* their sexual orientation, be it bisexual, gay, heterosexual and lesbian.

The Equality Act 2010 also protects people who are married or in a civil partnership.

**Please state your date of birth:** Click here to enter a date.

**Please indicate your gender:**

Male

Female

I do not which to disclose

**Please indicate your ethnic origin:**

**Asian or Asian British**

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background

State here …………………………………………………….

**Black**

Black African

Black British

Black British, Caribbean

Black Caribbean

Any other Black, Black British, or Caribbean background

State here …………………………………………………….

**Mixed or multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background

State here ……………………………………………………….

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background

State here ……………………………………………………….

**Other ethnic group**

Arab

Any other ethnic group

**Which of the following options best describes how you think of yourself?**

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other sexual Orientation not listed

Undecided

I do not wish to disclose my sexual orientation

**Disability**

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

**According to the definition of disability do you consider yourself to have a disability? Yes/No**

**If yes please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.**

Physical impairment

Sensory impairment

Mental health condition

Learning disability/difficulty

Long-standing illness

Other

Appendix 1: Partnership Agreement West Midlands Post-Doctoral Bridging Programme

This Partnership Agreement represents the minimum expected of each of the partners. It is not exhaustive and is subject to change

Please do not complete as part of the application process

|  |  |
| --- | --- |
| **Name of fellow** |  |
| **The West Midlands Post-Doctoral Bridging Programme team will provide:** | |
| A programme of masterclasses as specified in the timetable will be provided | |
| At least one postdoctoral clinical and academic mentor who shares the following with the fellow   * Methodological expertise and /or * Topic area interest * Geographical area | |
| A monitored inbox for fellow or mentor use | |
| Response to enquiries from fellows or mentors within 2 working days | |
| Regular evaluative opportunities to receive feedback from fellows and mentors | |
| Two-part payments to the fellow’s NHS organisation and a single payment to the mentor(s)’ organisation | |
| Make available University of Birmingham library access for fellows | |
| Opportunity to arrange a research placement in partnership with mentor(s) to facilitate the development of methodological understanding | |
| Maintain and develop a diverse mentor database | |
| Maintain records of the fellow’s progress and achievement | |
| Facilitate communication of the programme and the fellow’s progress between the programme team, the fellow and the mentorship team | |
| Maintain communication with the fellow after the programme has completed | |
| Ensure the programme is marketed in such a way that a range of professions can take advantage of the opportunity to apply | |
| **The post-doctoral clinical and academic mentorship team will:** | |
| Agree to attend any related training provided | |
| Agree to meet the fellow at least once per month for one hour during the programme (this can be in person or telephone/virtual) | |
| Support the fellow to evaluate their development and academic learning needs | |
| Support the fellow to develop their network, including any travel/placement experience | |
| Support the fellow to design their programme of research | |
| Provide feedback to the fellow on any written work in a timely and constructive manner | |
| Support the fellow to draft his or her application for HEE/NIHR ICA Clinical Lectureship or equivalent | |
| Support the fellow with other programme outputs for example: applying for grants, alternative sources of funding and publications | |
| To respond to fellow enquiries via email in a timely fashion, normally within 3-5 working days | |
| To complete the progress review form at least monthly with the fellow and ensure the fellow emails this to the programme team | |
| At the end of the programme, the mentor(s) will notify the programme team on the fellow’s progress and whether the mentor relationship will continue | |
| **Signature: N/A** | |
| **Signed by (name): N/A** | **Date: N/A** |
| **The fellow will:** | |
| After receiving confirmation of University of Birmingham ID and email collect their ID badge as instructed, complete the library access procedure, and accept the invitation to the virtual learning environment (Canvas) courses | |
| Attend masterclasses and engage with other learning opportunities unless unable to because of illness or personal circumstance. If the fellow will be absent they will need to inform the programme team via email | |
| Attend monthly meetings (may be face to face or virtual) with the programme team | |
| Meet post-doctoral clinical and academic mentorship team at least once per month (this can be in person or telephone/virtual) and return progress review form to the programme team via email | |
| The fellow will ensure that they will send any agreed work and/or agendas to their mentor(s) in advance of meetings | |
| Undertake an evaluation of learning needs (Vitae Researcher Development Framework) and discuss these with programme and mentor team | |
| Complete outputs from doctorate (if not yet completed) | |
| Develop a programme of research | |
| Complete draft application for HEE/NIHR ICA Clinical Lectureship or equivalent | |
| Undertake research placements that support the development of their research proposal | |
| Develop a postdoctoral clinical and academic mentorship team | |
| Complete other agreed programme outputs for example: applying for grants, alternative sources of funding and publications | |
| Participate in appropriate research/patient and public involvement and engagement work | |
| Undertake any requirements as specified in the programme e.g. presentations | |
| Provide evaluation and feedback to their mentor(s) and programme team | |
| Participate in peer discussions and action learning sets | |
| Engage with the NIHR and NHS research and development services (e.g. Research Design Service) | |
| Keep the programme team informed of changes in circumstance that might impact on their progress | |
| Keep line manager/organisation informed of progress and next steps | |
| **Signature: N/A** | |
| **Signed by (name): N/A** | **Date: N/A** |