**Application Form Guidance**

Please read the following instructions on the completion and submission of your application form (please ensure you complete this electronically).

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| **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 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 Internship Clinical Academic Programme. What skills and experience you bring to the programme e.g. involvement in audit, research or quality improvement. What are your career and academic aspirations? What is your research area of interest? Total word count: 800 words |
| 5. | 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. |
| 6. | 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. |

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| **Submission guidance** | |
| Deadline for submission | **Monday 24th April - midday** |
| 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.** | |

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| **Interview process** |
| If you are short listed for interview you will be notified by no later than **w/c 1st May**  Please note that interviews are likely to be scheduled for **15th and 16th May** |

**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 Internship Clinical Academic Programme – Application Form**

**To be completed electronically**

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| 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): | |
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| Post code: | Post code: | |
| Tel: | Tel: | |
| Mobile: | | |
| Work email address: | | |
| Personal email address: | | |

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| 1. **EMPLOYMENT** | | | | | | | | | |
| 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** |
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| 1. **PROFESSIONAL AND ACADEMIC QUALIFICATIONS** | | | | | | | | | |
| **PROFESSION** | | | | | | | | | |
| Profession: | | | | Grade/band: | | | | | |
| Name of professional body: Pin number: | | | | | | | | | |
| **QUALIFICATIONS** | | | | | | | | | |
| **Qualification (e.g. Degree, HND, Access, NVQ, Masters, Professional)** | **Subject** | | **From Year** | | **To Year** | **Place of study** | | **Result** | |
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| 1. **SUPPORTING INFORMATION**   Total word count: 800 words, please use headings. |
| * Involvement in Audits, Improvement or Research * Current Role and Aspirations * Research Interest/Focus |

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| **List (Citations)**  Publications and/or Conference Abstracts/Posters (DOI if applicable) |
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| 1. **SUPPORTING STATEMENT FROM EMPLOYER**   To be completed by Line Manager or organisations designate with authority. | | |
| **Applicant Name:** | | |
| **I can confirm my full support for the above applicant and agree to: (please sign each box)** | | |
| Engage with the intern to develop next steps (e.g. career pathway, succession planning, project work) | |  |
| Honour the commitment to allow the intern 48 days to undertake the programme over 12 months | |  |
| Discuss with the intern the research needs of the area, department or organisation | |  |
| Keep the programme team informed of changes in circumstance that impact on the intern’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: | | |

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| 1. **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: |

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| **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 Clinical Academic Internship 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**

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| **Name of intern** |  | |
| **The West Midlands Internship Programme team will:** | | | |
| Provide a programme of taught sessions as specified in the timetable | | | |
| Provide an academic supervisor who shares at least one of the following with the intern   * Methodological similarity * Topic area interest | | | |
| Provide a monitored inbox for intern, supervisor, and facilitator use | | | |
| Respond to inquiries from intern or supervisor within 2 working days | | | |
| Regularly evaluative opportunities to receive feedback from interns | | | |
| Provide a two-part grant payment to the fellow’s NHS organisation. The second payment will be subject to fulfilment of the agreement (minimum 70% attendance) at programme midpoint (this equates to 17 study days by end of Feb 2022). | | | |
| Facilitate University of Birmingham library access | | | |
| 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 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. | | | |
| Seek consent to hold fellows’ personal data and comply with General Data Protection Regulations. | | | |
| **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/teams) | | | |
| Complete the supervision log with the intern at least monthly and ensure that the intern emails this to the team | | | |
| Support the intern to evaluate their development and academic learning needs | | | |
| Support the intern to refine their research question and plan an 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 draft his or her literature review and article for submission to an appropriate journal | | | |
| Support the intern to draft an application form e.g. Pre-Doctoral Clinical Academic Fellowship (or other equivalent training programme) or research grant | | | |
| Provide the opportunity to arrange a research placement to facilitate the understanding of research activities if appropriate | | | |
| To respond to intern enquiries via email within 3-5 working days unless an absence has been discussed | | | |
| Communicate absence to the team in order that substitute supervision can be arranged | | | |
| At the end of the programme, the supervisor will notify the team on the intern’s progress and whether the supervisory relationship will continue | | | |
| Provide consent for their contact details to be shared with the fellow | | | |
| **Signature:** | | | |
| **Signed by (name):** | | **Date:** | |
| **The intern will:** | | | |
| After receiving confirmation of University of Birmingham ID and email collect their ID badge as instructed and accept the invitation to the virtual learning environment (Canvas) courses | | | |
| Attend at least 70% of all taught sessions and engage with other learning opportunities unless unable to because of illness or extenuating personal circumstance. | | | |
| Inform the clinical academic team of any absence from activities via email, in a timely manner. | | | |
| 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/teams) and return supervision log to the team via email | | | |
| Prepare work and questions so that the supervision sessions are productive and contribute to progress | | | |
| Develop and refine a feasible research question | | | |
| Develop and refine an appropriate method | | | |
| Abide by good academic standards | | | |
| Draft a literature review and article for submission to an appropriate journal | | | |
| Draft an application form e.g. Pre-Doctoral Clinical Academic Fellowship (PCAF) (or other equivalent training programme) or research grant ( if appropriate) | | | |
| 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 PCAF). | | | |
| Complete the interactive plagiarism course provided via Canvas | | | |
| Provide evaluation and feedback to the supervisor and the team | | | |
| Participate in classroom discussions and action learning sets | | | |
| Keep the team informed of changes in circumstance that might impact on their progress | | | |
| Provide consent for their details to be shared with their supervisor | | | |
| **Signature:** | | | |
| **Signed by (name):** | | **Date:** | |