

HEE/NIHR ICA Programme

Post-Doctoral Bridging Awards



University of Kent

Centre for Health Services Studies

Application Form

2020-21



**Please fill in this form as directed. Where necessary, please refer to the available guidance notes to support the quality of your application.**

**Please complete in BLOCK CAPITALS OR type, so that your information can be read easily.**

If you have any questions about completion of this form please contact the following:

Dr Julie MacInnes

**ICAP Internship and Bridging Programmes Leader**

**Research Fellow**

Centre for Health Services Studies

University of Kent

Email: j.d.macinnes@kent.ac.uk

**1. Personal details**

Please note you must be employed in the Kent, Surrey and Sussex area to be eligible for the HEE/NIHR Clinical Award programme starting in October 2020.

|  |  |
| --- | --- |
| Name: |  |
| DOB: |  |
| Country of birth: | Nationality: |
| Profession: |  |
| Name of current employing organisation:  |
| Address (work): | Address (home): |
|  |  |
|  |  |
|  |  |
| (W) Phone Number: | Phone Number: |
| (W) Email: | Email: |
| Mobile: |  |

**2. Profession**

Please review the list of approved professions from the NIHR website. We are sorry to say that if your profession is not listed we are unable to offer you a place on this programme. Please note your professional registration must be active.

<https://www.nihr.ac.uk/documents/heenihr-ica-programme-eligible-professions-and-regulators/12204>

|  |  |  |  |
| --- | --- | --- | --- |
| Profession | Specialty | Professional body | Registration number |
|  |  |  |  |
|  |  |  |  |

**3. Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution | Dates of study | Qualification obtained | Other information |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Academic Qualifications (Diploma, Degree and research /clinical related awards)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of institution | Dates of study | Subject studied | Qualification & classification obtained | Other information |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**5. Are you employed by an organisation whose core business is delivery of NHS care as a primary aspect of your professional role?**

**Yes 🞎**

**No 🞎**

**6. Proposed award working towards**

|  |  |
| --- | --- |
| Which HEE/NIHR award do you anticipate applying for: | [ ]  HEE/NIHR Clinical Lectureship[ ]  HEE/NIHR Senior Clinical Lectureship[ ]  Other NIHR Fellowship (please state)[ ]  Other funding scheme (see below) |
| What year do you anticipate on making an application? | [ ]  2019[ ]  2020 |
| If you are not applying for an HEE/NIHR funding scheme, please provide details of which funding scheme and award you will be applying for, including the intended submission date. |  |

**7. Research Interests**

|  |
| --- |
| **Please complete ALL of the following sections.** |
| i. Please specify the activities that you would undertake as part of the ICAP Post-Doctoral Bridging Programme (500 words max). |
| ii. How do you see the ICAP Post-Doctoral Bridging Programme impacting on patients, your career and your NHS organisation? (500 words max). |
| iii. Please give details of the support you will be receiving from both your NHS employer and your Higher Education Institution (HEI) to support your application for the Clinical Lectureship / Senior Clinical Lectureship / other funding award (500 words max). |

**8. Mentor support**

Have you identified an academic mentor to support your proposed research and clinical development?

**Yes 🞎**

**No 🞎**

If ‘Yes’ provides details of the proposed mentor below:

If ‘No’ we can help identify an appropriate mentor from the approved Mentor database list.

|  |
| --- |
| Name: |
| Role: |
| Profession: |
| Address (work): |
|  |
|  |
| Name of employing organisation: |
| (W) Phone Number: |
| (W) Email: |

**9. Managerial Support**

Please refer to the advertising material about this award to help guide your responses.

**This section must be completed by your line manager**.

|  |
| --- |
| Line managers name: |
| Address: |
|  |
|  |
|  |
| Phone number: |
| Email: |
| Please provide a statement which directly confirms that you as the line manager and your Head of Service/Operational Director will release the named applicant for the his/her full entitlement for the Post-Doctoral Bridging Award: |
|  |
| Signed by Line manager: |
| Date: |
|  |
|  |
|  |
|  |
| Signature of Head of Service: |

**10. Additional declarations**

|  |
| --- |
| Do you have any criminal convictions Y/N |
| If you have answered [Y] (excluding motoring offences for which a fine and/or penalty points were awarded) you may be required to provide details.  |
|  |

**11. Declaration and signature**:

|  |
| --- |
| 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.  |
| Signed by applicant: |

**12. Additional Information**

**Available budget:**

48 hours backfill = £1260

Training budget = £900

**Checklist of documents to submit**

Up to date Curriculum Vitae [ ]

Evidence of registration with eligible professional regulator [ ]

Evidence of relevant qualifications and certificates [ ]

HEE / NIHR ICAP Post-doctoral Bridging application form [ ]

Provide two references (one academic, one professional) [ ]

Please email all of your completed documents to:

**Dr Julie MacInnes**

**ICAP Internship and Bridging Programme Leader**

Email: j.d.macinnes@kent.ac.uk

The closing date is Friday 21st August