**HEE-NIHR Integrated Clinical and Practitioner Academic Programme (ICAP) Bridging Scheme**

University of Kent

Centre for Health Services Studies

Application Form

2022-2023

**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](mailto:j.d.macinnes@kent.ac.uk)

**1. Please indicate whether you are applying for**

1. Pre-Doctoral Bridging Scheme
2. Post-Doctoral Bridging Scheme

**2. Personal details**

Please note you must be employed in the Kent, Surrey and Sussex area to be eligible for the HEE/NIHR award

|  |  |
| --- | --- |
| 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. Please note your professional registration must be active.

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

If your profession is not listed, please contact the programme lead to discuss.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 or Social care as a primary aspect of your professional role?**

**Yes 🞎**

**No 🞎**

**6. General overview:**

For sections 6-8 please refer to the advertising material and guidance notes about this award to help guide your responses.

|  |
| --- |
| Why do you wish to apply for this award (max 500 words): |
|  |
| What skills and experience do you bring to this award (max 1,000 words): |
|  |
| What are your career aspirations should you be successful in completion of this award (max 1,000 words): |
|  |

**7. Research Interest**

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

|  |
| --- |
| What is the area of practice of your research interest? (max 500 words) |
|  |
| Please describe your proposed research? It is not essential that your research question is fully formed at this stage (max 1500 words): |
|  |
| How will patient/client care be improved through your research interest? (max 500 words) |
|  |

**8. Mentor support**

Have you identified amentor 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 Bridging Award: |
|  |
| Signed by Line manager: |
| Date: |
|  |
|  |
|  |
|  |
| Signature of Head of Service: |

**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: |

**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 Bridging Scheme 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](mailto:j.d.macinnes@kent.ac.uk)