

###### HSC Research and Development Bridging Scheme – Pre Doctoral Support

###### Application Form

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Closing date for applications: **5.00pm** **31st August 2021**

*This application form should be saved as a .pdf file and submitted by e-mail to* [*eimear.cowan@hscni.net*](mailto:eimear.cowan@hscni.net)*. All the signatories who have e-signed the declaration page must be cc’d into the submission email.*

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|  | **COMPLETE IN TYPESCRIPT (Arial 11pt)**  **COMPLETED APPLICATIONS MUST BE SIGNED AND SUBMITTED BY**  **5.00PM 31st August 2021** | | | | |  | |
| **1** | **APPLICANT’S DETAILS** | | | | | | |
|  | Name (inc. title) | | |  | |  | |
|  | | | | | | | |
|  | What is your profession? | | |  | |  | |
|  | | | | | | | |
|  | Professional Registration Details (inc. Registration Body and Number) | | |  | |  | |
|  | | | | | | | |
|  | Current Job Title | | |  | |  | |
|  | | | | | | | |
|  | What is your current agenda for change band? | | | |  |  | |
|  | | | | | | | |
| **2** | | **EMPLOYMENT DETAILS** | | | | | |
|  | | Employing Organisation |  | | | |  |
| Department |  | | | |
| Address |  | | | |
|  |  | | | |
| Postcode |  | | | |
|  | | | | | | | |
| **3** | | **DETAILS FOR APPLICANT CORRESPONDENCE** | | | | | |
|  | | Address |  | | |  | |
|  | | |
| Postcode |  | | |
|  | | Telephone/Mobile no. |  | | |  | |
| E-mail |  | | |  | |
|  | | | | | |  | |
| *Applicants must inform HSC R&D Division of any change to correspondence details* | | | | | |

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| **4** | CURRENT ROLE | |
|  | Please provide a brief summary statement (200 words maximum) of how your current post is divided between clinical, administrative/managerial, teaching and research duties (as relevant): (max 200 words) | |
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|  | | |
| **5** | OUTLINE OF PROPOSED RESEARCH PROJECT*(FOR PROPOSED DOCTORAL FELLOWSHIP APPLICATION)* | |
| a) | Please give an outline of your research proposal that you intend to develop into a doctoral fellowship application including background, aims/objectives and proposed methods. It is not essential that your research question is fully formed at this stage or that the methods and design are detailed (max 1,000 words) | |
|  |  |  |
| b) | How will patient/client care be improved through your research interest? (max 500 words) | |
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| c) | What specific aspects of your application for a doctoral fellowship do you need help with (max 500 words) e.g. patient and public involvement, methodological advice. | |
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|  | | |
| d) | How do you propose to use this award to develop your doctoral fellowship application (max 500 words). You need to give a broad outline of milestones and how you intend to manage the available time. A Gantt chart can be submitted as an attachment, if you wish. | |
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| **6** | **CAREER ASPIRATIONS** | |
| What are your career aspirations should you be successful with this award (max 500 words) | | |
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| **7** | **PREVIOUS INVOLVEMENT IN RSEARCH** | |
| Previous involvement in research including any research funding secured (200 words) | | |
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| Please list any existing and planned publications. For each one indicate how it has impacted on  evidence based practice, generated further grants, academic awards or led to further projects  (600 words) | | |
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| **8** | **SUPERVISORY AND EMPLOYER SUPPORT** | |
| Have you identified an academic mentor to support your proposed research and clinical  academic development? Please provide details of any supervisory arrangements made to date  (100 words) | | |
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| Please provide confirmation of management support for your research proposal to date including  maintaining clinical work alongside research (100 words) | | |
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| **9** | **DECLARATION PAGE** | | | | | |
| SUPPORTING STATEMENT FROM EMPLOYER | | | | | |
| **Applicant** | | | | | | |
| (i) | I confirm that the information given on this form is true, complete and accurate and I have not withheld any information relevant to this application. |  | Name |  | e-Signature |  |
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|  |  |
| **Line Manager** | | | | | | |
| (ii) | I can confirm my full support for the applicant and agree to:  Engage with the applicant to develop next steps (e.g. career developments, succession planning, project work).  Honour the commitment to allow the applicant protected time to undertake the programme.  Discuss with the applicant the research needs of the area, department or organisation.  Keep the programme team informed of changes in circumstances that impact on the applicant’s progress.  Liaise with the local finance contact to check the processing of the single grant payment. |  | Name |  | e-Signature |  |
|  |  |
| Contact telephone number: |  |
|  |
| Contact email address: |
|  |
|  |
| **Employing Organisation** | | | | | | |
| (iii) | ***PRIOR TO SIGNING THIS DECLARATION THE SENIOR MANAGER MUST HAVE DISCUSSED THIS APPLICATION WITH LINE MANAGER.***  *This section is to be completed a member of Trust Senior Management (e.g. Chief Nurse/Director of Nursing/Director of Allied Health Professions/Director of Clinical Service) who can act as Sponsor for the applicant ensuring that they receive the 50% protected time to commit to their clinical research and academic development*.  As a Trust Senior Manager (e.g. Chief Nurse/Director of Nursing/Director of Allied Health Professions/Director of Clinical Service) I commit to supporting the applicant and acting as Sponsor to help in resolving challenges related to this award. |  | Name |  | e-Signature |  |
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| |  | | --- | | Position | |  |   Contact telephone number: |  |
|  |
| Contact email address: |
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|  | PLEASE SUBMIT COMPLETED APPLICATION FORMS TO: |  |
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|  | Eimear Cowan  [eimear.cowan@hscni.net](mailto:eimear.cowan@hscni.net) |
| Deadline for applications: **5.00PM 31st August 2021** | | |