

###### HSC Research and Development 2020 Doctoral Fellowship Awards

###### Application Form

###### 

Closing date for applications: **FRIDAY, 11 OCTOBER 2019 AT 2PM**

*This application form should be saved as a .pdf file and submitted by e-mail to* [*lisa.hutchinson@hscni.net*](mailto:lisa.hutchinson@hscni.net)*. All the signatories who have e-signed the declaration page (section 15b) 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**  **FRIDAY, 11 OCTOBER 2019** | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **1** | **APPLICANT’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name (inc. title) | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | Professional Background | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | Professional Registration  *(if applicable)* | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | Current Job Title | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | Are you a current or previous medical or dental ACF or CL? | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| **2** | **FELLOWSHIP SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full scientific title of research project | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Proposed Duration | | | Full-Time | | | | |  | | |  | | | | 36 | | months | | | | | | | | | |
|  | | | Part-Time | | | | |  | | | Indicate: | | | |  | | months | | |  | | | days/week | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Proposed Start Date | | | | Select Date | | | | | | | | | Proposed End Date | | | | | | | | | Select Date | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Degree | | | | | | | | Doctor of Philosophy (PhD) | | | | | | | | | | |  | | | | | | | |
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|  | Degree Awarding Body | | | | | |  | |  | | | | Queen’s University Belfast | | | | | | | | | | | | | | |
|  | |  | | | | Ulster University | | | | | | | | | | | | | | |
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|  | Name of Lead Supervisor | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
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|  | Total Cost of Award | | | | | | | | | | £ | | | | | | | | (must not exceed £250,000) | | | | | | | | |
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| Please indicate if you have applied to this scheme before: | | | | | | | | | | Please select | | | | | | | Year(s): | | | | |  | | |  | | |
| *If you answered “Yes” to the question above please detail below what changes you have made since your previous application(s). Please include changes to any aspect of the application, and make reference to previous feedback if applicable.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | | **EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *Applicants should be able to demonstrate evidence of an employment contract with a HSC body, in community, voluntary, or not-for-profit organisations or an independent contractor (e.g. GP) in Northern Ireland involved in health or social care provision, or a contract with a recognised HSC training agency (e.g. NIMDTA).* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Employing Organisation | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Department | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Postcode | | | |  | | | | | | | | | | | | | | | | | | | | |
| E-mail (Work) | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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|  | | *If you expect your employment details for the duration of your Fellowship to be different from your current employer, please provide details below.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Employing Organisation *(If different from current employer*) | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Department | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Postcode | | | |  | | | | | | | | | | | | | | | | | | | | |
| E-mail (Work) | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| *Applicants must inform HSC R&D Division of any change of employment details.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **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** | | RESEARCH PROPOSAL SUMMARY | | |
|  | | | | |
| Full scientific title of research project | | |  |  |
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|  | Scientific Abstract | | | |
|  | | |  |
| Research Methods *(list the research methods you will be using to undertake the study)* | | | |
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|  | Key Words *(provide five key terms relevant to your proposal)* | | | |
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| RESEARCH PROPOSAL SUMMARY (cont.) | | | | |
|  | | | | |
| Public / lay title of research project | |  |  | |
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|  | Lay Abstract  (Summary of your proposal written in plain English and suitable for the patients, service users and the public) | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | |

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| **5a** | RESEARCH PROPOSAL (5000 word limit *not including references*) *Please not that this is the only section in the application form where you are permitted to extend the size of the textbox. The textbox will automatically extend as you type. There is a 5000 word limit; this does not include references which should be included at the end of your research proposal. Applications exceeding the word limit will be deemed invalid.* | |
| Please indicate research proposal word count (not including references): | |  |
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| 5b | ANALYSIS PLAN Please provide detail on the analytical plan for the research, e.g. statistical tests to be used, justification of sample size, recruitment processes, analytical techniques used, etc.  *Please note this information is required for both quantitative and qualitative analysis.* |
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| **5c** | PROJECT MANAGEMENT PLAN (with project milestones) | | | | | | | | | | | | | | | |
|  | *Please complete this table in Arial font size 9pt – examples are shown in the first 4 lines* | | | | | | | | | | | | | | | |
| Action | | | Timescale | | Responsibility | | Indicator / Outcome / Evidence | | | | | | |  | |
| *All regulatory approvals required are in place* | | | *6 months* | | *Fellow and Research Sponsor* | | *Governance and ethical approvals with oversight of sponsor.* | | | | | | |
| *Ensure personal & public involvement (PPI) in research & dissemination* | | | *Throughout* | | *Fellow, Supervisors & named PPI representative(s)* | | *Progress reports, research documents, publications & presentations which have involved service users and/or the public.* | | | | | | |
| *Disseminate the findings of the project* | | | *As opportunities arise* | | *Fellow & Supervisors* | | *Project outputs including dissemination to relevant stakeholders e.g. publications, conference presentations, PPI events etc.* | | | | | | |
| *Recruit first patient to study* | | | *12 months* | | *Fellow* | | *Activity reports* | | | | | | |
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| *Use Arial font size 9pt & single line spacing* | | | | | | | | | | | | | | | | |
| **5d** | | Dissemination, Outputs and Anticipated Clinical Impact | | | | | | | | | | | | | | |
| Describe what you intend to produce from your research, how your outputs will enter our health and care system or society as a whole and how you will inform and engage patients, HSC/NHS and the wider population about your work. | | | | | | | | | | | | | | | | |
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| **What do you think the impact of your research will be and for whom?**  Describe the anticipated impact of the expected outputs on the health and care of patients, the public, and on health and care services within 5 years from the end of the study. Consider; patient benefit; changes in HSC/NHS service (including efficiency savings); commercial return (which could contribute to economic growth). | | | | | | | | | | | | | | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | |
| **6** | PRELIMINARY WORK | | | | | | | | | | | | | | | |
|  | Detail any preliminary or previous work carried out which is relevant to this application and what contribution you have made (if any) to this work. | | | | | | | | | | | | | | | |
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| Please describe any engagement with the Research Infrastructure in NI relating to this project (e.g. NI Clinical Research Facility, NI Clinical Research Networks, NI Clinical Trials Unit etc.) | | | | | | | | | | | | | | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | |
| **7** | Personal and Public Involvement (PPI) | | | | | | | | | | | | | | | |
| Describe how service users and the public have been recruited and subsequently involved in identifying the research topic / prioritising the research question and/or in preparing this application. Please provide detail to demonstrate how PPI has influenced the proposal. | | | | | | | | | | | | | | |  | |
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| Describe how service users and the public will be fully involved as partners in the proposed research and highlight the benefits and challenges of this involvement. Justify the level of/approach to involvement in relation to the methodology of your research. | | | | | | | | | | | | | | |  | |
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| Describe how you aim to involve PPI partners in the reporting/dissemination of the study | | | | | | | | | | | | | | |  | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | |
| **8** | STATEMENT OF MOTIVATION | | | | | | | | | | | | | | | | |
| Please summarise your motivation for the project and for undertaking a PhD. Use this to demonstrate a commitment to an on-going career in health and social care research and describe how completion of a PhD will increase research capacity in your area of work. | | | | | | | | | | | | | | |  | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | | |
| **9** | **Applicant C.V. (page 1 of 2 pages)** | | | | | | | | | | | | | | | |
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|  | **Current Employment** | | | | | | | | | | | | | | | |
| Job Title | | | | | | Organisation | | | | | | Dates | | | |
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|  | **Qualifications** | | | | | | | | | | | | Dates | | | |
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|  | **Professional Registration** | | | | | | | | | | | | | | | |
| Name of Body | | | | | Registration Number | | | | Date of Registration | | | | | | |
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|  | **Previous Employment and other appointments** | | | | | | | | | | | | | | | |
| Job Title | | | | | | Organisation | | | | | | Dates | | | |
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|  | **Applicant C.V. (page 2 of 2 pages)** | | | | | | | | | | | | | | | |
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|  | **Research Experience** (Summary of research experience, including the extent of your involvement) | | | | | | | | | | | | | | | |
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|  | **Research Training** (Details of any relevant training in the design or conduct of research) | | | | | | | | | | | | | | | |
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|  | **Relevant Publications, Presentations, Prizes, Grants** | | | | | | | | | | | | | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | |
| **10** | | PLAN OF SUPERVISION AND TRAINING | | | | | | | | | | | | | | |
|  | | Detail your plan of supervision and outline a bespoke training plan (formal and informal training) which you will undertake during the course of the fellowship. | | | | | | | | | | | | |  | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | |
| **11** | | | TRAINING ENVIRONMENT & INSTITUTIONAL COMMITMENT | | | | | | | | | | | | | | | |
| Indicate how the training environment is suitable to support the project, including the role of the supervisors in this project and how the proposed project relates to their existing research. | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Detail the facilities and other institutional support that will be available to the Fellow. This section should be completed by the Lead Supervisor or the Authorised Signatory of the University awarding the degree (see section 15 – Declarations) | | | | | | | | | | | | | | | | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | | | |
| **12a** | | | DETAILS OF SUPERVISOR (1) | | | | | | | | | | | | | | | |
|  | | | Name |  | | | | | | | | | |  | | | | |
| Position |  | | | | | | | | | |
|  | | | | | | | | | | |
| Department |  | | | | | | | | | |
| Institution |  | | | | | | | | | |
| Address (line 1) |  | | | | | | | | | |
| Address (line 2) |  | | | | | | | | | |
| Postcode |  | | | | | | | | | |
| Telephone |  | | | | | | | | | |
| Email |  | | | | | | | | | |
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|  | | | **GRANTS** (Please list the last 4 relevant grants you have received) | | | | | | | | | | | | | | | |
|  | | | Grant | | Awarding Body | | | | Date awarded | | | Value £ | | | |  | | |
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|  | | | SUPERVISION OF TRAINING FELLOWS | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | PhD | |  | MD | |  | | |
| How many research students have you supervised to successful completion in the past? | | | | | | | |  | |  |  | |  | | |
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|  | | | How many research students are you currently supervising? | | | | | | | |  | |  |  | |  | | |
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|  | | | How many are you likely to be supervising at the same time as the named Doctoral Fellow? | | | | | | | |  | |  |  | |  | | |
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|  | | | *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | |  | | |

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|  | **PUBLICATIONS** | |
|  | Please list up to six recent full publications in peer reviewed journals |  |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | |

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| **12b** | DETAILS OF SUPERVISOR (2) | | | | | | | | |
|  | Name |  | | | | | |  | |
| Position |  | | | | | |
|  | | | | | | |
| Department |  | | | | | |
| Institution |  | | | | | |
| Address (line 1) |  | | | | | |
| Address (line 2) |  | | | | | |
| Postcode |  | | | | | |
| Telephone |  | | | | | |
| Email |  | | | | | |
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|  | **GRANTS** (Please list the last 4 relevant grants you have received) | | | | | | | | |
|  | Grant | | Awarding Body | Date awarded | | Value £ | | |  |
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|  | SUPERVISION OF TRAINING FELLOWS | | | | | | | | |
|  |  | | | | PhD | |  | MD |  |
| How many research students have you supervised to successful completion in the past? | | | |  | |  |  |  |
|  | | | | | | | | | |
|  | How many research students are you currently supervising? | | | |  | |  |  |  |
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|  | How many are you likely to be supervising at the same time as the named Doctoral Fellow? | | | |  | |  |  |  |
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|  | **PUBLICATIONS** | |
|  | Please list up to six recent full publications in peer reviewed journals |  |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | |

*------Please copy and duplicate (pages 20 and 21) for each additional supervisor-----*

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| 13 | FINANCE |
|  | If you intend to apply to the Doctoral Fellowship Award on a Full-time basis please complete Sections 13a and 13c. |
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|  | If you intend to apply to the Doctoral Fellowship Award on a Part-time basis please complete Sections 13b and 13c. |

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| 13a | | FINANCE (Full-time Applicants only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current basic annual salary | | | | | | | | £ | | | | | | | | |  | | | Present incremental date (dd/mm/yy) | | | | | | | |  | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Present grade and salary spine point | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| *Complete finance table in Arial font size 9pt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Year 1** | | | | | | | | **Year 2** | | | **Year 3** | | | | | **TOTAL** | | |  | | |
|  | | | | | | | | | | | | | | **£** | | | | | | | | **£** | | | **£** | | | | | **£** | | |  | | |
| SALARY | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| Current Basic Grade Salary | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| National Insurance | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| Employer’s Costs | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| **Salary Sub Total** | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
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| TUITION FEES | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| **RESEARCH, TRAINING & TRAVEL EXPENSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Provide detail…* | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| **Expenses Sub Total** | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| PATIENT AND PUBLIC INVOLVEMENT | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| *Provide detail…* | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
| **PPI Sub Total** | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
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| GRAND TOTAL £ | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | |  | | |
|  | | (Proceed to 13c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13b | | FINANCE (Part-time Applicants only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current basic annual salary | | | | | £ | | | | | | | | | |  | | | Present incremental date (dd/mm/yy) | | | | | | | |  | | | | | | |  | | |
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|  | | Present grade and salary spine point | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
| *Complete finance table in Arial font size 9pt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Year 1** | | **Year 2** | | | | | **Year 3** | | | | | **Year 4** | | **Year 5** | | | | | | **Year 6** | | | **TOTAL** |  | | |
|  | | | | | | | | | **£** | | **£** | | | | | **£** | | | | | **£** | | **£** | | | | | | **£** | | | **£** |  | | |
| SALARY | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current Basic Grade Salary | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| National Insurance | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| Employer’s Costs | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| **Salary Sub Total** | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
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| TUITION FEES | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| **RESEARCH, TRAINING & TRAVEL EXPENSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Provide detail…* | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| **Expenses Sub Total** | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
| **PATIENT AND PUBLIC INVOLVEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Provide detail…* | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |
| PPI Sub Total | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
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| GRAND TOTAL £ | | | | | | | | |  | |  | | | | |  | | | | |  | |  | | | | | |  | | |  |  | | |
|  | | (Proceed to 13c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13c** | | | JUSTIFICATION FOR SUPPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Provide justification for the support requested.  If the total exceeds the maximum limit of £250,000 or the research expenses requested exceed the maximum allowance of £27,000 please explain how any shortfall in funding will be resolved. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14** | | | NOMINATIONS FOR REFEREES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Scientific Referee (1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Scientific Referee (2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | Please inform HSC R&D Division of anyone you would prefer was not contacted as part of the peer review process. This exclusion must be fully justified. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **15a** | | | | ORGANISATION DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HOST ORGANISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Organisation name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Research Office** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Contact Email | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | **School/Faculty Office accommodating the research** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School/Faculty name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **EMPLOYING ORGANISATION (Research Office)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | HSC R&D Division as the potential funder of this research project wishes to be assured that an organisation has provisionally agreed to sponsor this research should it be funded.  **A complete list of the responsibilities of research sponsors is provided in the publication ‘Research Governance Framework for Health and Social Care’.**  <https://research.hscni.net/new-framework-uk-health-and-social-care-research-launched> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Please list the organisation(s) who have provisionally agreed to be Research Sponsor(s) for this proposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **15b** | DECLARATIONS | | | | | |
| **Applicant** | | | | | | |
| (i) | *“I have read ‘Guidance Notes for the HSC R&D Fellowships’ and agree to abide by the conditions under which a research Fellowship is awarded. I have not formally started this programme of research.”* |  | Name |  | e-Signature |  |
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|  |  |
| **Lead Supervisor** | | | | | | |
| (ii) | *“On behalf of all supervisors in all organisations I approve this application and am willing to supervise the research and training as specified. I confirm that the clinical and academic resources required will be available to the Fellow. From my knowledge of the applicant I am satisfied in their ability and suitability to undertake a Research Training Fellowship.”* |  | Name |  | e-Signature |  |
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|  |  |
| **Host Organisation:** Head of School/Faculty/ Research Centre Director/ Head of Research Institute | | | | | | |
| (iii) | *“I confirm that all relevant resources required will be available to the Doctoral Fellow and that the proposed supervisory arrangements are acceptable to the University.* |  | Name |  | e-Signature |  |
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| Host Organisation: Finance | | | | | | |
| (iv) | *“I confirm that the University Research Office has a record of this application and that suitable arrangements for the administration of this Award and for research sponsorship will be put in place.”* |  | Name |  | e-Signature |  |
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| Employing Organisation (for the duration of the award): Research Office | | | | | | |
| (v) | *“I confirm that the employing organisation research office is aware of the proposed research and have considered the implications for the organisation.”* |  | Name |  | e-Signature |  |
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| Employing Organisation (for the duration of the award): Research Finance | | | | | | |
| (vi) | *“As designated Finance Officer of the applicant’s employing organisation for the duration of the award, I approve the financial details contained in this proposal.”* |  | Name |  | e-Signature |  |
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| NIMDTA Head of School *(only required if applicant is a Specialist Registrar facilitated by NIMDTA)* | | | | | | |
| (vii) | *“From my knowledge of the applicant I am satisfied in their ability and suitability to undertake a Research Training Fellowship and I confirm that NIMDTA supports this application”* |  | Name |  | e-Signature |  |
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| **15c** | Declaration of Conflict |
| Please declare any conflicts or potential conflicts of interest that you, your supervisors or others associated with this application may have in undertaking this research, including any relevant, non-personal and commercial interest that could be perceived as a conflict of interest. | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | |

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|  | PLEASE SUBMIT COMPLETED APPLICATION FORMS TO: | | | |  |
|  | | | | |
|  | Lisa Hutchinson  [lisa.hutchinson@hscni.net](mailto:eimear.cowan@hscni.net) | | | |
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| CHECK LIST | | | |
| Ensure you have completed all the sections of the application form before submitting the following: | | | | |
|  | | | | |
|  | A saved pdf copy of your application form with an e-signed declaration page (section 15b) submitted by email to [lisa.hutchinson@hscni.net](mailto:eimear.cowan@hscni.net) and with all the signatories cc’d into the email. | | | |
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| **DATES TO REMEMBER** | | | | |
| Please ensure you submit your application to the Research Office of your Employing Organisation a minimum of six weeks in advance of the scheme closing date, to allow adequate time for a provisional sponsor to be identified. | | | | |
| Contact HSC Trust & University research offices at least six weeks in advance of the closing date | | **Friday, 30 August 2019** |  | |
|  | | | | |
| Closing Date for Applications: | | **Friday, 11 October 2019 at 2pm** |  | |
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| Shortlisting (provisional): | | **Week beginning 13 January 2020** |  | |
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| Interviews (provisional): | | **Week beginning 17 February 2020** |  | |
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