

**University of Lincoln**

**Health Education England/NIHR**

**Integrated Clinical Academic (ICA) Internship Application Form**

(formerly Bronze Award**)**

Please fill in this form as directed. All fields with an (\*) are mandatory fields. Where necessary, please refer to the available guidance notes to support the quality of your application.

**Please complete in black ink or typed. Ensure your responses can be clearly read.**

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

Dr Ros Kane rkane@lincoln.ac.uk

Reader in Healthcare and Director of Research

School of Health and Social Care

Sarah Swift Building

8 Brayford Wharf E, Lincoln LN5 7AT

University of Lincoln

Please either post a hard copy to Dr Ros Kane at the above address or email an electronic version to Jimmy Osborne, Award administrator at Josborne@lincoln.ac.uk by the published deadline. See website for current application deadlines and programme dates <https://www.nottingham.ac.uk/clinicalscholar/index.aspx>

**S1: Personal details**

|  |  |
| --- | --- |
| \*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: |  |

**S2: 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/funding-and-support/documents/ICA/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf>

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

**S3: Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Name of institution | \*Dates of study | \*Qualification obtained | Other information |
|  |  |  |  |
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**S4: Academic Qualifications (Diploma, Degree and research /clinical related awards)**

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| --- | --- | --- | --- | --- |
| \*Name of institution | \*Dates of study | \*Subject studied | \*Qualification & classification obtained | Other information |
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**S5: Are you employed by an organisation whose core business is delivery of NHS care?:**

**Yes 🞎**

**No 🞎**

**S6: 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 1000 words):  |
|  |
| \*What are your career aspirations should you be successful in completion of this award (max 1000 words): |
|  |

**S7: 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) |
|  |
| \*What is your general research question? It is not essential this is fully formed, please state in general terms (max 1500 words):  |
|  |
| \*How will patient/client care be improved through your research interest? (max 500 words) |
|  |

**S8:** How does your research support the HEE NHS Mandate? (max 500 words)

|  |
| --- |
|  |

**S9: Mentor support**

Have you identified a mentor to support your 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: |
| \*Is this person on the East Midlands HEE approved mentor list?YesNoNot sure*Please note a mentor application form can be completed via our website* |

**S10: 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 name applicant for the full 48 days of the award: |
|  |
| Signed by Line manager: |
| \*Date: |
|  |
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| \*Signature of Head of Service: |

**S11: 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.  |
|  |

**S12: 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: |

**S13. Monitoring information**

NHS England, Health Education England working in the East Midlands and the University are 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

*Please tick the box which you feel most accurately describes your ethnic origin.*

|  |  |
| --- | --- |
| White British |  |
| White Irish |  |
| Other white background, please indicate |  |
| Black or Black British Caribbean |  |
| Black or Black British African |  |
| Other Black background – please indicate |  |
| Asian or Asian British- Indian |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British - Bangladeshi |  |
| Chinese or other ethnic background -Chinese |  |
| Other Asian background –Please write in below |  |
| Mixed –White and Black Caribbean |  |
| Mixed –White and Black African |  |
| Mixed –White and Asian |  |
| Other mixed background |  |
| Other ethnic background |  |
| Not known |  |
| Information refused |  |

**S14. Disability/additional needs**

Please tick the box next to the statement which is most appropriate to you.

|  |  |
| --- | --- |
| You do not have a disability nor are aware of any additional support requirements in study |  |
| You have dyslexia |  |
| You are blind/partially sighted |  |
| You are deaf/ have a hearing impairment |  |
| You are a wheelchair user of have difficulties with mobility |  |
| You need personal care support |  |
| You have mental health difficulties |  |
| You have an unseen disability e.g. Diabetes, epilepsy, asthma |  |
| You have two or more of the above disabilities/ additional needs |  |
| You have a disability not listed above (Please specify) |  |

**S15: English language competence:**

|  |
| --- |
| Students educated outside the UK in countries where English is not the first language must provide, before they can be admitted to the programme, evidence that they have sufficient command of both spoken and written English. Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.0-6.5 in the British Council IELTS test; a score of 600 (80/90 IBT) in TOEFL, with a score of 4.0 in the Test of Written English (TWE). You will be required to submit originals or certified copies of any certificates and score reports. |
| a) Is English your first language? Yes No |
| If no: Is/was English the language of instruction of your first degree? Yes NoIf yes, please provide written confirmation from the institution where you undertook your studies, that English was the language of instruction. |
| c) Please list any formal English Language qualifications with results obtained (i.e. IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test. |
| **English Qualification** | **Result** | **Date** |
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