

**University of Nottingham**

**Health Education England/NIHR**

**Pre-Doctoral Bridging Programme**

**Pre Doctoral Bridging Programme Application Form**

(formerly Silver Awards)

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:

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**OR**  
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Tel: 0115 823 1786

**S1: Personal details**

Please note you must be employed in the East Midlands area to be eligible for the HEE/NIHR Pre-Doctoral Bridging Programme.

|  |  |
| --- | --- |
| \*Name: |  |
| \*Dob: |  |
| \*Country of birth: | \*Nationality: |
| \*Profession: |  |
| \*Name of current employing organisation: | |
| \*Address (work): | Address (home): |
|  |  |
|  |  |
|  |  |
| \*(W) Phone Number: | (H) Phone Number: |
| \*(W) Email: | (H) Email: |
| Twitter handle: | \*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/documents/heenihr-ica-programme-eligible-professions-and-regulators/12204>

|  |  |  |  |
| --- | --- | --- | --- |
| \*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 as a primary aspect of your professional role?**

**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 programme (max 500 words): |
|  |
| \*What skills and experience do you bring to this programme (max 1,000 words): |
|  |
| \*What are your career aspirations should you be successful in completion of this programme (max 1,000 words): |
|  |

**S7: Research Interest**

Please refer to the advertising material about this programme 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) |
|  |

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

|  |
| --- |
|  |

**S9: 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: |
| \*Is this person on the East Midlands HEE approved mentor list?  Yes  No  Not 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: |
|  |
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|  |
| \*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 Pre-Doctoral Programme: |
|  |
| Signed by Line manager: |
| \*Date: |
|  |
|  |
|  |
|  |
| \*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: 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 | | |
| b) Is/was English the language of instruction of your first degree? Yes No  If 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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**S14. Protected Attributes**

Please complete the following form to allow us to be compliant with NIHR/HEE Equality and Diversity regulations regarding protected characteristics.

This information will help us to understand any inclusion issues we might need to address going forward, as well as where we currently have less success in reaching some geographical areas and non-medical professions taking up these programmes and their success.

Please be assured, that you will not be identified personally in our use of this data when we evaluate our programme. Thank you.

1. **What is your age?**

18-24

25-34

35-44

45-54

55-64

65-74

75 or over

1. **Do you have a disability?**

☐ Yes

☐ No

☐ Prefer not to say

1. **What is your gender or what gender do you identify with?**

Male

Female

Other - please state:

Prefer not to say

1. **Do you identify as trans or do you have a trans history?**

☐ Yes

☐ No

☐ Prefer not to say

1. **What is your sexual orientation?**

Bi Sexual

Gay/Lesbian

Heterosexual/Straight

Prefer not to say

Other

1. **Marital Status**

Single - never married

Married or Civil Partnership

Co-habiting

Widowed

Divorced

Separated

1. **A. Are you Pregnant?**

Yes

No

**B. Have you had a baby in the last 12 months?**

Yes

No

1. **With which ethnic group do you most identify?**

White

Gyspy or Traveller

Black or Black British – African

Black or Black British – Caribbean

Other Black Background

Asian or Asian British – Bangladeshi

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Chinese

Other Asian Background

Mixed – White and Asian

Mixed – White and Black African

Mixed – White and Black Caribbean

Other Mixed Background

Arab

Other Ethnic Background

Prefer not to say

1. **Religion and Beliefs**

☐ Christian (Catholic, Protestant or any other Christian denominations)

☐ Buddhist

☐ Hindhu

☐ Muslim

☐ Jewish

☐ Sikh

☐ Not Religious

☐ Other

☐ Prefer not to say