**East Midlands**

**Postdoctoral Bridging Programme for Clinical Academic Nurses, Midwives and Allied Health Professionals.**

**(formerly known as GOLD awards)**

**Delivered by the University of Nottingham**

**Application Form**

Notes for guidance

1. This opportunity is funded by Health Education England and managed by the University of Nottingham
2. This form should be used if you wish to apply to undertake a HEE East Midlands Postdoctoral Bridging programme. This award is only open to those working in the following professions: <https://www.nihr.ac.uk/funding-and-support/documents/ICA/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf> who have been awarded their PhD and now wish to spend time developing an application for a NIHR/HEE ICA Clinical Lectureship award.
3. Applicants must propose substantive employment by either an English healthcare provider that is providing at least 50% of its services free at the point of delivery, or by a recognised English Higher Education Institution
4. Please refer to the NIHR/HEE ICA Clinical Lectureship (CL) guidance notes at <https://www.nihr.ac.uk/funding-and-support/funding-for-training-and-career-development/training-programmes/nihr-hee-ica-programme/nihr-hee-ica-programme-cl.htm> before making an application. For applicants to be successful they must meet the eligibility criteria outlined.
5. When completing the form please ensure that you provide your full name (surname/family name and forenames) in the order they appear in your official documents i.e. passport.
6. If your supporting documents are not in English, we require officially translated versions as well as copies in the original language.
7. This form should be completed and returned (along with supporting documentation as required) to [pip.logan@nottingham.ac.uk](mailto:pip.logan@nottingham.ac.uk) and copied to [patricia.dziunka@nottingham.ac.uk](mailto:patricia.dziunka@nottingham.ac.uk)
8. Applications should be received by the deadline (see website for current dates) visit: <https://www.nottingham.ac.uk/clinicalscholar/index.aspx>. Applications received after this will not be accepted.
9. If your application is shortlisted, you will go to the next stage which be invited to interview which will take in September in Nottingham (see website for current dates) visit: <https://www.nottingham.ac.uk/clinicalscholar/index.aspx>.

11. The programme will start early November of the application year.

If you have any questions about filling out your application form, or would like to discuss the awards in more detail, please do not hesitate to contact Prof Pip Logan: pip.logan@nottingham.ac.uk

Data protection statement

By submitting this form you are consenting to University of Nottingham using the information provided from time to time for the purposes of exploring the clinical academic development programme operating across the East Midlands. The information that you provide on your application form will be used for the following purposes:

* To enable your application for entry to be considered and allow our recruitment team, where applicable, to assist you through the application process;
* To enable us to compile statistics, or to assist other organisations to do so about clinical academic careers. No statistical information will be published that would identify you personally;
* To enable us to initiate your Award record should you be offered a place on the programme.

Essential Recruitment Criteria

AF = Application Form  
II = Interview

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| **FACT** | **ESSENTIAL** | **HOW** |
| QUALIFICATION | Relevant doctorate in Nursing, Midwifery, Allied Health, Health Visiting, Pharmacy, Wider Dental Team, Operating Department Practitioner, Healthcare Scientists and Clinical Psychology professions. A list of eligible professions can be found here: <https://www.nihr.ac.uk/funding-and-support/documents/ICA/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf>  Professional Doctorates will be accepted as per NIHR guidance: https://www.nihr.ac.uk/funding-and-support/documents/ICA/Round%203%20Professional%20Doctorates%20Eligibility%20Criteria%202017.pdf: | AF |
| EXPERIENCE | Applicants must propose substantive employment by either an English healthcare provider that is providing at least 50% of its services free at the point of delivery, or by a recognised English Higher Education Institution (HEI) in the East Midlands, with evidence of continuing personal and professional development. | AF/II |
| SUPPORT | An appropriate testimonial from employing organisation as to candidate’s ability to complete the Award.  A commitment from Healthcare organisation and a Higher Education Institution (HEI) to support the individual in moving to a lectureship / postdoctoral fellow post. | AF |
| SECONDMENT | Confirmation that the supporting organisation can release the candidate for the time required to complete the Award (this is usually one day per week for the length of the award). | AF/II |
| MOTIVATION | The candidate can demonstrate motivation to improve clinical practice through research leadership and application to their field. | II |
| FUTURE AMBITIONS | The candidate can present a strong business case for the activities required to progress their clinical academic career to a lecturer / senior research leader level. | AF/II |
| COMMITMENT | The candidate can demonstrate the motivation and ability to both identify learning gaps and address developmental opportunities relevant to their CL/other application. | AF/II |

Postdoctoral Bridging Fellowship application form

This form should be completed and returned (along with supporting documentation as required) to pip.logan@nottingham.ac.uk and copied to patricia.dziunka@nottingham.ac.uk

Please complete the form in **BLOCK CAPITALS** if handwritten or type.

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| **PERSONAL DETAILS** | | | | |
| Surname/Family Name: | | First/Given Name(s): | | |
| Previous Surname/Family Name (if applicable): | | | | Title (Dr, Mr, Mrs, Ms, etc.): |
| Date of Birth: | Gender: | | Nationality: | |
| Country of Birth: | | Country of Permanent Residence: | | |
| **ADDRESSES** | | | | |
| Permanent Home Address:  (This must be completed) | | Address for Correspondence:  (If different from home address) | | |
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| Post Code: | | Post Code: | | |
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| Email: | | Email: | | |

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| **PROFESSION** |
| Nursing |
| Midwifery |
| Allied Health |
| Health Visiting |
| Pharmacy |
| Wider Dental Team |
| Operating Department Practitioner |
| Clinical Psychology |
| Other (Please state): |

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| Which year do you anticipate on making an application for the HEE/NIHR ICA Clinical Lectureship award following this bridging award? | 2020  2021 |

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| **PROFESSIONAL REGISTRATION** |
| Please provide details of professional registration including PIN number and date of registration for renewal. |
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| **EDUCATION AND QUALIFICATIONS** | | | |
| Give details of the three highest classifications, further or higher education, since leaving school. Please provide information on qualifications already obtained and examinations still to be taken with the most recent first (for PhD please provide dissertation title). | | | |
| **Name of Institution/Address** | **Dates (mm/yyyy) of attendance** | **Qualification/Award (include class & division or grade obtained if known)** | **Main Subjects** |
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| To: |
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| **ENGLISH LANGUAGE COMPETENCE**  **To be completed by applicants educated outside the UK where English is not the first language** | | | | |
| Applicants educated outside the UK in countries where English is not the first language must provide 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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| **Mentor(s) Details:** | | | | |
| Name: |  | | | |
| Job Title: |  | | | |
| Organisation: |  | | | |
| Email address: |  | | | |
| Please describe their expertise/activities to support you in this bridging award |  | | | |
|  | | | | |
| Name: |  | | | |
| Job Title: |  | | | |
| Organisation: |  | | | |
| Email address: |  | | | |
| Please describe their expertise/activities to support you in this bridging award |  | | | |
| **How did you hear about this award?** | | | |
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| **APPLICANT BUSINESS CASE** |
| Please complete ALL of the following sections: |
| **Activities and justification of budget**  Please specify the activities that you will undertake within programme with costs up to £14,000. This should include all pay and non-pay costs. Institutional overheads will not be covered. Any PPI costs should be calculated at NIHR INVOLVE rates. Costings should be completed on a costing template and authorised by your finance manager service / divisional / school level). A Gantt chart/timeline should be included that details when activities will be undertaken during the course of the fellowship (500 words max, not including cost template and Gantt chart).  **Research area**  Please provide a scientific abstract of the research project you propose to complete as part of your Clinical Lectureship. We recognise this is not set in stone, but it needs to align with the NIHR’s criteria. (250 words).  **Impact**  Please state how do you see the fellowship impacting on patients, your career and your organisation? (500 words max.)  **Support**  Please give details of the support you will be receiving from your clinical employer and your Higher Education Institution (HEI) during this fellowship (500 words max.)  **PPI**  Please say how you have worked with PPI to develop this application and how you propose working in the future. If you do not intend to include PPIE activities please justify (250 words). |

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| SUPPORTING LETTERS are required from Healthcare organisation and HEI managers, and should be sent with your application, or separately to pip.logan@nottingham.ac.uk and copied to [patricia.dziunka@nottingham.ac.uk](mailto:patricia.dziunka@nottingham.ac.uk). Applications without these will not be shortlisted. | | | | | |
| **Healthcare organisation manager’s name:** | | | | | |
| correspondence address: | |  | | | |
| Telephone number: | |  | | | |
| Email: | |  | | | |
|  | | | | | |
| **HEI Line manager’s name:** | | | | | |
| correspondence address: | |  | | | |
| Telephone number: | |  | | | |
| Email: | |  | | | |
| Please attach a supporting letter from your HealthCare organisation manager confirming their support for you to undertake this programme (this should state that you will be released from your clinical commitments and the funding will be ring fenced for your developmental use only for the lifetime of your award).  Healthcare organisation manager letter of support attached:  Yes  No  Please attach a letter from the host HEI who will be supporting you to develop a clinical academic career, including working towards a HEE/ NIHR ICA Clinical Lectureship.  HEI letter of support attached:  Yes  No  All letters must be signed and submitted on organisation headed paper (PDF versions are acceptable). Emails will not be accepted. | | | | | |
| **EMPLOYMENT DETAILS / OTHER EXPERIENCE** | | | | | |
| Give details of any professional or research experience relevant to your application. Continue on a separate sheet if necessary. | | | | | |
| **Employer** | **Title and duties of post** | | **Dates From** | | **Dates To** |
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| **PUBLICATION/GRANTS/ PRIZES**  Please provide up to 5 publications and 5 grants or prizes (if appropriate) to this application | | | | | |
| **DECLARATION** | | | | | |
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. | | | | | |
| Signed: | | | | Date: | |