**East Midlands**

**Post-Doctoral 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 Post-Doctoral Bridging programme. This award is only open to those working in the following professions: <https://www.nihr.ac.uk/documents/heenihr-ica-programme-eligible-professions-and-regulators/12204> who have been awarded their PhD\* and now wish to spend time developing an application for a NIHR/HEE ICA Clinical Lectureship award.

(\*you must have submitted your PhD at the point of application, and before you can commence be viva’d/awarded or minor corrections pending)

1. 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
2. Please refer to the NIHR/HEE ICA Clinical Lectureship (CL) guidance notes at <https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-academic-programme.htm> before making an application. For applicants to be successful they must meet the eligibility criteria outlined.
3. 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.
4. If your supporting documents are not in English, we require officially translated versions as well as copies in the original language.
5. 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)
6. 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.
7. If your application is shortlisted, you will go to the next stage which be invited to interview as per the advert in Nottingham or online (see website for current dates) visit: <https://www.nottingham.ac.uk/clinicalscholar/index.aspx>.
8. The programme will start as per advertised for 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 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 Fellowship 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/documents/heenihr-ica-programme-eligible-professions-and-regulators/12204>  Professional Doctorates will be accepted as per NIHR guidance: https://www.nihr.ac.uk/documents/ica-professional-doctorates-eligibility-criteria/12291: | 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 programme.  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 Programme (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: | | |
| Tel: | | Tel: | | |
| 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? | 2022  2023 |

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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** |
|  | From: |  |  |
| 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).  **COVID-19**  (a)What issues/impact will COVID-19 have to you delivering what has been outlined in this application; (b) what will you do to mitigate these issues/impact? |

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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: | |

**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



**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