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**Health Education England working across East Midlands**

**Clinical Scholar Silver Scientists Programme**

**Application Form**

Notes for Guidance

1. This opportunity is sponsored and managed by Health Education England working across East Midlands (HEE-EM)
2. This form should be used if you wish to apply to undertake a 30 day the HEE-EM Clinical Scholar Silver Scientist programme over a **six** month period. Please note this is only open to Healthcare Scientists from within the Life Sciences, Physiological Sciences, Clinical Engineering and Medical Physics and Bioinformatics professions
3. Before completing this form, please refer to the guidance notes, essential recruitment criteria and Frequently Asked Questions (FAQs). For applicants to be successful they must meet the essential criteria outlined.
4. Please complete the form in BLOCK CAPITALS or type, so that your information can be easily read.
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. Please send your completed forms to Holly Hamer - [hh216@leicester.ac.uk](mailto:hh216@leicester.ac.uk).
8. If your application is successful, you will be invited to the next stage of the recruitment process.

If you have any questions about filling out your application form, please do not hesitate to contact   
Holly Hamer on 0116 252 2830 or email [hh216@leicester.ac.uk](mailto:hh216@leicester.ac.uk).

Data Protection Statement

By signing this form you are consenting to Health Education England (HEE) using the information provided from time to time, along with any further information about you that the organisation may hold, for the purposes of the HEEM Clinical Scholar Silver Scientist Programme.

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 HEE-EM to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally;
* To enable HEE-EM to initiate your programme record should you be offered a place.

**Essential Recruitment Criteria**

**HEE-EM Clinical Scholar Silver Award**

AF = Application Form  
I = Informal Interview

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| **FACT** | **ESSENTIAL** | **HOW** |
| QUALIFICATION | Relevant Master’s Degree or Equivalent in the Life Sciences, Physiological Sciences, Clinical Engineering and Medical Physics and Bioinformatics professions only. | AF |
| EXPERIENCE | Employed currently as a registered healthcare professional with evidence of continuing personal and professional development. | AF/I |
| SUPPORT**\*\*** | Can support application with an appropriate testimonial from employing organisation as to candidate’s ability to complete the programme.  A commitment from organisation to support the individual throughout the period of the programme to ensure objectives identified by the applicant are met. | AF |
| SECONDMENT | The supporting organisation can release the candidate for a total of 30 days over a **6** month period for the duration of the programme. | AF/I |
| MOTIVATION**\*\*** | The candidate can demonstrate motivation to improve clinical practice through research application and leadership in their workplace. | I |
| FUTURE AMBITIONS | The candidate can demonstrate a strong interest and convincing argument to extend the learning from the programme into further study and/or research focused clinical career. | I |
| COMMITMENT**\*\*** | The candidate can demonstrate the motivation and ability to commit to delivering the outcomes. Please make sure that you have management sign-off to attend the educational days and commitment to the training needs analysis. | I |

**\*\* We consider these factors are key to each scholar’s ability to complete the programme**

**Silver Scientist Programme Application Form**

This form should be completed and returned (along with supporting documentation as required) to HEE-EM.

Please complete the form in **BLOCK CAPITALS** 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) | | |
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| Post Code: | | Post Code: | | |
| Tel: | | Tel: | | |
| Fax: | | Fax: | | |
| Email: | | Email: | | |

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| **PROFESSION** |
| Life Sciences |
| Physiological Sciences |
| Clinical Engineering and Medical Physics |
| Bioinformatics |
| Other (Please state): |

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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. | | | |
| **Name of Institution/Address** | **Dates (mm/yyyy) of attendance** | **Qualification/Award (include class & division or grade obtained if known)** | **Main Subjects** |
|  | From: |  |  |
| To: |
|  | From: |  |  |
| To: |
|  | From: |  |  |
| To: |

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| **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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| **APPLICATION QUESTIONS** |
| Please complete the following application questions: |
| 1. Why do you want to undertake the HEE-EM Clinical Scholar Silver Scientist Programme? |
| 1. Please outline the relevant skills and experience that you would bring to the role. Please make reference to your research, clinical and leadership/ management skills. |
| 1. What skills and experience are you hoping to develop in this programme and how will this facilitate your future career plans? Please make reference to your research, clinical and leadership/ management skills. |
| 1. Please highlight in which area (Research, Clinical and/or Leadership/Management) you would wish to undertake a placement in as part of the Clinical Scholar Scientist Programme and how this will contribute to your professional development. |

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| **APPLICANT’S NAME:** | | |
| **LINE MANAGER’S NAME:** | | |
| **Line Manager Correspondence Address** | Tel: | |
|  | Fax: | |
|  | Email: | |
| Post Code: |  | |
| **Supporting Letter**  Please attach a supporting letter from your line manager **and** Directorate Lead confirming their support for you to partake in this programme (this should also state that you will be released from your clinical commitments for the **30 days**. **Note: the programme expects a minimum commitment of 30 days in total, and you are expected to attend a TNA session in September along with all educational session dates that are set.** | | |
| Signature of Line Manager: | | Date: |
| Signature of Health Profession Trust Lead: | | Date: |

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| **EMPLOYMENT DETAILS/OTHER EXPERIENCE** | | | |
| Give details of any industrial, 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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| **TRAINING NEEDS ANALYSIS SESSIONS** | | | |
| The dates below have been scheduled for a training needs analysis. Please indicate which is your preferred date (first choice) and which is your second choice. | | | |
|  | **First Choice** | **Second Choice** |  |
| 4th August 2016 |  |  |  |
| 5th August 2016 |  |  |  |
| 11th August 2016 |  |  |  |

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| **SPECIAL NEEDS OR SUPPORT** |
| Please state any support required as a consequence of any disability or medical condition. |
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| **OTHER INFORMATION** |
| Do you have any criminal convictions? Yes No |
| NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the ‘yes’ box, you may be required to provide details of any convictions. |

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| **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: |

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| **MONITORING INFORMATION** |
| NHS England and Health Education East Midlands are committed to a policy of equal opportunities. In order to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. These statistics are used solely for the purpose of monitoring and form no part of the selection procedure. The monitoring form will be separated from your application. |
| Please tick the box which you feel describes your ethic origin. |
| White – British |
| White – Irish |
| Other White Background |
| Black or Black British – Caribbean |
| Black or Black British – African |
| Other Black Background |
| Asian or Asian British – Indian |
| Asian or Asian British – Pakistani |
| Asian or Asian British – Bangladeshi |
| Chinese or Other Ethnic Background – Chinese |
| Other Asian Background |
| Mixed – White and Black Caribbean |
| Mixed – White and Black African |
| Mixed – White and Asian |
| Other Mixed Background |
| Other Ethnic Background |
| Not Known |
| Information Refused |

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| **TO BE COMPLETED BY ALL APPLICANTS DISABILITY/SPECIAL 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 or have mobile difficulties |
| 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/special needs |
| You have a disability not listed above  Please Specify: |