



**Health Education England, working across the East Midlands**

**Clinical Scholar Awards**

**Gold Award Application Form**

Notes for Guidance

1. This opportunity is sponsored by Health Education England, working across the East Midlands (HEE-EM).
2. This form should be used if you wish to apply to undertake a HEE-EM Clinical Scholar Gold Award. Please note, this award is only open to those working in the following professions eligible to apply for the HEE/NIHR Clinical Lectureship (CL): <http://www.nihr.ac.uk/02-documents/funding/Training-Programmes/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf.>
3. Before completing this form, please refer to the HEE/NIHR CL guidance notes at <http://www.nihr.ac.uk/02-documents/funding/Training-Programmes/TCC-ICA-CL-and-SCL-Applicant-Guidance-R2-2016.pdf> . For applicants to be successful they must meet the eligibility 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 **Sarah Williams by e-mail (**[**sjw134@leicester.ac.uk**](mailto:sjw134@leicester.ac.uk)**)** **or send to**:

**Sarah Williams**

**Health Education England, working across the East Midlands**

**University of Leicester**

**14 Salisbury Road**

**Leicester**

**LE1 7QR**

1. 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** - **Tel: 0116 252 2830 Email:** [**hh216@leicester.ac.uk**](mailto:hh216@leicester.ac.uk)

Data Protection Statement

By signing this form you are consenting to Health Education England, working across the East Midlands (HEE-EM) using the information provided from time to time, along with any further information about you that either organisation may hold, for the purposes of the HEE-EM Clinical Scholar Awards.

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 Award record should you be offered a place on the programme.

**Essential Recruitment Criteria**

**HEE-EM Clinical Scholar Gold Award**

AF = Application Form  
II = Informal Interview

|  |  |  |
| --- | --- | --- |
| **FACT** | **ESSENTIAL** | **HOW** |
| QUALIFICATION | Relevant doctorate in Nursing, Midwifery, Allied Health, Health Visiting, Pharmacy, Wider Dental Team, Operating Department Practitioner and Clinical Psychology professions only. A list of eligible professions can be found here: <http://www.nihr.ac.uk/02-documents/funding/Training-Programmes/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf>  Please note, individuals who have a professional doctorate but not a research doctorate are ineligible to apply for an ICA CL. Please refer to p8: <http://www.nihr.ac.uk/02-documents/funding/Training-Programmes/TCC-ICA-CL-and-SCL-Applicant-Guidance-R2-2016.pdf> | AF |
| EXPERIENCE | Employed currently as a registered healthcare professional with evidence of continuing personal and professional development. | AF/II |
| SUPPORT**\*\*** | Can support application with an appropriate testimonial from employing organisation as to candidate’s ability to complete the Award.  A commitment from said organisation and a Higher Education Institution to support the individual in moving to a CL post. | AF |
| SECONDMENT | The supporting organisation can release the candidate full-time or part time for the time required to complete 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 career to a CL 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 application. | AF/II |

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

**Gold Award Application Form**

This form should be completed and returned (along with supporting documentation as required) to Sarah Williams [(sjw134@leicester.ac.uk)](mailto:(sjw134@leicester.ac.uk)). Please complete the form in **BLOCK CAPITALS** or type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) | | |
|  | |  | | |
|  | |  | | |
| Post Code: | | Post Code: | | |
| Tel: | | Tel: | | |
| Fax: | | Fax: | | |
| Email: | | Email: | | |

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

|  |
| --- |
| **PROFESSIONAL REGISTRATION** |
| Please provide details of professional registration including PIN number and date of registration for renewal. |

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

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Which year do you anticipate applying for the HEE/NIHR Clinical Lectureship award? | | 🞏 2017  🞏 2018 |
|  | |  |
| **Mentor Details:** | | |
| Name |  | |
| Job Title |  | |
| Organisation |  | |

|  |
| --- |
| **How did you hear about this award?** |
|  |

|  |
| --- |
| **CLINICAL SCHOLAR GOLD AWARD – APPLICANT BUSINESS CASE** |
| Please complete ALL of the following sections: |
| **Please specify the activities you would plan to undertake as part of the Clinical Scholar Gold award? (500 words max.)** |
| **Please provide a breakdown of how you would intend to allocate the grant of up to £15,000.** Please note that mentor payment should be included within these figures. This grant is inclusive of, not in addition to salary funding. **(500 words max.)** |
| **How do you see the Clinical Scholar Gold award impacting on patients, your career and your organisation? (500 words max.)**  **Please give details of the support you will be receiving from both your employer and a Higher Education Institution (HEI) to support your application for the Clinical Lectureship. (500 words max.)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUPPORTING LETTER** | | | | |
| **Applicant’s name:** | | | | |
| **Line manager’s name:** | | | | |
| **Line manager correspondence address** | | Tel: | | |
|  | | Fax: | | |
|  | | Email: | | |
| Post Code: | |  | | |
| Please attach a supporting letter from your line manager **and** Health Profession Trust Lead (e.g. Director of Nursing, AHP lead etc.) confirming their support for you to partake either on a full or part time basis in this programme (this should also state that you will be released from your clinical commitments. If part-time please state the maximum number of days release agreed).  Please also attach a letter from your host HEI who will be supporting you to develop a Clinical Lectureship application.  **All letters must be submitted on organisation headed paper. Emails will not be accepted.** | | | | |
| **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** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

|  |
| --- |
| **SPECIAL NEEDS OR SUPPORT** |
| Please state any support required as a consequence of any disability or medical condition. |
|  |

|  |
| --- |
| **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. |

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

|  |
| --- |
| **MONITORING INFORMATION** |
| NHS England and Health Education England - 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 |

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