**A logo for a health care research company

Description automatically generated** 

**HEE/NIHR Integrated Clinical Academic**

**Internship Programme**

**Application Form**

Please make sure you have completed all sections of the form before you submit it. We will not chase up incomplete forms. **Please ensure you attach a copy of your CV with this application.**

Forms submitted after the closing deadline of **5pm 7th March 2024** will not be considered so please give yourself enough time to have the relevant discussions and to complete the form.

Electronic signatures will be accepted.

**SECTION 1. To be completed by the intern**

|  |  |
| --- | --- |
| **Personal Details** | |
| Title |  |
| Forename |  |
| Surname |  |
| Date of Birth |  |
| Name of Employer |  |
| What is your profession? |  |
| Job Title |  |
| What is your current Agenda for Change band? |  |
| Address for correspondence |  |
| Postcode |  |
| Contact email |  |
| Contact phone number |  |
| Professional registration. Please provide details of your professional registration including your registration number and date of registration renewal. | |
| Please describe briefly your current role (max 200 words) | |

|  |  |  |
| --- | --- | --- |
| **Education and Qualifications** | | |
| Please provide details of your qualifications obtained since leaving school with the most recent first. (add additional rows if required) | | |
| Name of institution | Dates of attendance | Qualification obtained (include class or grade if known) |
|  | From |  |
| To |
|  | From |  |
| To |
|  | From |  |
| To |
|  | From |  |
| To |

|  |
| --- |
| Please state any support required as a consequence of any disability or medical condition |
|  |

|  |
| --- |
| **Application Questions** (please complete all of the following questions with a **maximum 250 words per question**.) |
| 1. Please tell us about any research experience you have had to date. This does not have to be your OWN research.  *(Examples include but not limited to any experience of collecting and analysing data, presenting research, research project experience, developing research questionnaires, involvement with patient groups, involvement in research journal clubs, literature reviews.)* |
| 2. Why do you want to undertake an internship?  *(Examples may include how you see the internship helping you to become more involved in research, how it could develop you as a researcher, how the internship may influence practice within your team.)* |
| 3. What are you hoping to achieve as a result of undertaking the internship?  *(Examples include enhancing your skills, identifying training needs, applying skills to your practitioner role, consider a practitioner academic role/research champion.)* |
| 4. What are your future career plans and how will the internship help you to achieve them?  *(Consider research training, developing your practice, developing knowledge of research skills, networking opportunities.)* |
| 5. How do you think your internship will enhance your practice?  *(Examples include a greater understanding of high-quality research, effectiveness to change practice, greater understanding of outcomes.)* |
| 6. Please provide a brief overview of your current research interest(s) or intentions if you do not have a specific project in mind at the moment. |

**SECTION 2. To be completed in conjunction with your proposed supervisor**

If you currently have no supervision arrangements in place and would like

assistance from NHS R&D NW in securing a supervisor please tick here

|  |  |
| --- | --- |
| **Supervisor’s contact information** | |
| Title |  |
| First name |  |
| Surname |  |
| Host Faculty/Centre/School |  |
| Address for correspondence |  |
| Contact email |  |
| Contact phone number |  |
| Please outline briefly your experience of supervising higher degrees by research (max 250 words) | |
| Please describe broadly the research programme you will provide for your intern, your expectations and the experience he/she will obtain. | |
| **Declaration from supervisor** | |
| I confirm that I have met with (insert applicants name) and that we have agreed the above programme of work | |
| Signature | Date |

**SECTION 3. Supporting statement from employer**

This section must be completed by the applicant’s line manager with a written statement confirming their support for the proposed internship. This should confirm that the intern will be released from their clinical commitments for the duration of the programme, including the residential workshops, up to 36 days. It should also confirm agreement to being involved in an initial personal development planning meeting and a final review of the internship.

|  |
| --- |
| **Employing organisation supporting statement** |
| Applicant’s name: |
|  |
| Signature of line manager Date |
| Signature of Director of Nursing/AHP Lead |

**SECTION 4. Declaration from applicant.**

|  |  |
| --- | --- |
| 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 | |
| Signature | Date |

**The deadline for submission is Friday 7th March 2024.**

Please return your completed forms to and CV to [heather.pearson@researchnorthwest.nhs.uk](mailto:heather.pearson@researchnorthwest.nhs.uk)

**What happens next?**

Following the submission deadline, all applications will be checked for completeness and eligibility and eligible applications will be sent to the selection panel for consideration at the Funding Recommendation Meeting.

* Deadline for applications **Friday 7th March 2024**
* Funding recommendation meeting **w/c 11th March 2024**
* Internships start **April 2024**

Applicants will be notified of the outcome of their application via email as soon as the funding decision is finalised. It can take up to 10 working days following the funding recommendation meeting for application outcomes to be issued. Feedback will be sent to applicants after the funding decisions have been made.

Applicants will not be requested to attend for interview.