**CLAHRC-GM Nurse Academic Fellowship**

**Faculty of Medical & Human Sciences**

**School of Nursing, Midwifery and Social Work**

**(Commencing September 2015 for one year)**

* 0.8WTE funded Nurse Academic Fellowship for one year commencing September 2015
* Full details of the programme are available from the SNMSW web site: <http://www.mhs.manchester.ac.uk/postgraduate/programmes/taughtmasters/mcr/>
* If you require further help completing this application please contact the post graduate admissions secretary at: [graduate.nursing@manchester.ac.uk](mailto:graduate.nursing@manchester.ac.uk) - +44 (0)161 306 0270

**If additional/continuation sheets are used these must be clearly numbered and attached**

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Full Postal Address:** |  |
| **Postcode** |  |
| **Day Time Telephone number:** |  |
| **Mobile/alternative Tel no.** |  |
| **Email Address:** |  |

**CURRENT EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position/job title** |  | | | |
| **Employer** |  | | | |
| **Employer full address** |  | | | |
| **Date employed from:** |  | | | |
| **AFC banding/grade** |  | | | |
| **Hours employed** | **Full time** |  | **Part-time\*** |  |
| **\* If part-time please indicate days per week** |  | | | |
| **Gross annual salary** |  | | | |
| **Incremental date** |  | | | |

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| **Brief description of responsibilities in your current role** |
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**Professional Qualification/s**

| **Qualification title** | **Year awarded** | **Awarding Body** | **Regulatory Body** | **Registration Number** |
| --- | --- | --- | --- | --- |
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**Academic Qualifications**

| **Qualification title**  (incl’ classification where appropriate)\* | **Dates of study** | | **Awarding Body** |
| --- | --- | --- | --- |
| **From** | **To**  (Year awarded) |
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**\*It is essential that your Hons Degree classification (where applicable) is included.** Applicants should possess a relevant Honours degree from an approved Higher Education Institution - normally a 2:1 or above.

**2. APPLICATION DETAILS**

**a. Reasons for applying for the Fellowship (No more than 300 words)**

You are asked to outline your reasons for applying for the Fellowship generally, but specifically indicating how undertaking the Fellowship will enable you to further enhance your clinical academic career including how it will enable you to contribute enhancing clinical research within health services.

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**b. Previous or current involvement in Research – including dates**

(No more than 300 words)

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|  |

**c. Publications:**

Please list below **full details** of any publications – please include any *‘in-press’* (i.e. accepted for publication but not yet published)

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| --- |
|  |

**d. Conference presentations**

Please list below full details of any conference presentations (including date, conference, presentation title, co-presenters)

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**e. Making an impact on Clinical Practice**

Please outline below ways in which you have contributed to date to enhancing clinical practice, indicating specific aspects of practice, your role and benefits to patients. (No more than 300 words)

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**f. Referees:**

These should include at least one academic referee and your current employer (a senior manager who will be able to agree to you being seconded to undertake the programme should you be offered a place).

**Academic Referee**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Institution:** |  |
| **Contact Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |

**Employer Referee**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |

**Other Referee**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Institution/**  **Organisation:** |  |
| **Contact Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |

**In submitting this application for a fees funded studentship I confirm that:**

I have discussed the application with an appropriate senior person (please provide details below) within my employing organisation who, should I be offered a fellowship, is authorised to agree to a secondment from employment to undertake the programme. I understand that if successful in my application, CLAHRC GM will pay for 0.8 WTE backfill including on-costs to my employer at point 29 on the Band 6 AfC pay scale.

**Authorised person - employer**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **APPLICANT’S SIGNATURE**  (or name if being returned by e-mail) |  |

|  |  |
| --- | --- |
| **DATE** |  |

**Once fully completed, this form should be received by no later than July 13th 2015.**

**Return to:**

Preferably by e-mail to [graduate.nursing@manchester.ac.uk](mailto:graduate.nursing@manchester.ac.uk)

OR

By post to: Postgraduate Admissions Secretary

**CLAHRC GM Fellowship –funded studentship application**

School of Nursing, Midwifery and Social Work,

Jean McFarlane Building

University Place

University of Manchester,

Oxford Road

Manchester,

M13 9PL

**Please note:** Interviews for shortlisted candidates are planned to take place at The University of Manchester on 29th July – applicants must be available for this date as no other dates will be offered.