**Master of Clinical Research (MClin Res)**

**Faculty of Medical & Human Sciences**

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

**Application for a HEE/NIHR Studentship - funded place**

**Commencing September 2016**

**HEE/NIHR Integrated Clinical Academic (ICA) Programme**

**Professions eligible for funding are outlined at:**

<http://www.nihr.ac.uk/documents/funding/Training-Programmes/TCC-ICA-Eligible-Professions-and-Registration-Bodies.pdf>

* Full details of the programme are available from the University of Manchester 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** |  | | | |

**If your employer is non-NHS** in order for you to be considered for a potential NIHR funded studentship they must be commissioned by NHS to provide services: please confirm below:

|  |  |
| --- | --- |
| **NHS commissioning body** |  |
| **Nature of services commissioned** |  |
| **Current period of commissioned services** (i.e. end date if applicable) |  |

|  |
| --- |
| **Brief description of responsibilities in your current role** |
|  |

**Please indicate whether your preference (if any) is to undertake the programme full-time or part-time by placing a ‘X’ in the appropriate box below:**

|  |  |
| --- | --- |
| **Full-time** |  |
| **Part-time** |  |

***Please note:***

* ***Full time*** *equates to one calendar year - 4 days per week course work and 1 day per week continuing to engage in aspects of practice relevant to MClinRes dissertation work. Salary reimbursement to the employer will be 1.0 WTE for the duration of the programme - maximum of one calendar year.*
* ***Part time*** *equates to two calendar years - 2 days per week course work and ½ day per week continuing to engage in aspects of practice relevant to MClinRes dissertation work. Salary reimbursement to the employer will be 0.5 WTE for the duration of the programme - maximum of two calendar years.*

**Professional Qualification/s**

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

**Academic Qualifications**

| **Qualification title**  (incl’ classification where appropriate)\* | **Dates of study** | | **Awarding Body** |
| --- | --- | --- | --- |
| **From** | **To**  (Year awarded) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*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. Candidates with a 2:2 will only be considered if they have an exceptional track record of other achievements such as – publications, research grant income or key involvement in funded research studies.

**2. APPLICATION DETAILS**

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

You are asked to outline your reasons for applying for the programme generally, but specifically indicating how undertaking the programme will enable you to contribute to enhancing clinical research within health services.

|  |
| --- |
|  |

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

(No more than 300 words)

|  |
| --- |
|  |

**c. Publications:**

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

|  |
| --- |
|  |

**d. Conference presentations**

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

|  |
| --- |
|  |

**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)

|  |
| --- |
|  |

**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 and guarantee your organisation’s support for your MClinRes 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 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 funded studentship, is authorised to agree to a secondment from employment to undertake the programme either full-time (5 days per week) or part-time (2.5 days per week) for the duration of the programme and guarantee my organisation’s support for my MClinRes. I understand that if successful in my application, reimbursement of salary and on-costs to my employer will be 1.0 WTE (Full-time students); 0.5 WTE (part-time students).

**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:**

**12.00pm 11th April 2016**

**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

**MClin Res –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 on

**6th, 10th and 17th May 2016** at The University of Manchester – applicants must be available for these dates as no other dates will be offered.