**Master of Clinical Research**

**Faculty of Medical & Human Sciences**

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

**(MClin Res)**

**Application for a part–time\* Scholarship - funded place**

**Commencing September 2015**

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**

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| --- | --- | --- | --- | --- |
| **Position/job title** |  | | | |
| **Employer** |  | | | |
| **Employer full address** |  | | | |
| **Date employed from:** |  | | | |
| **Banding/grade (eg SN1, SSN1)** |  | | | |
| **Hours employed** | **Full time** |  | **Part-time\*** |  |
| **\* If part-time please indicate days per week** |  | | | |

\*Part time study equates to two calendar years - 2 days per week course work and at least half a day per week continuing to engage in relevant aspects of practice related to the outcomes of the course.

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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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**English Language Qualifications**

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| Qualification (eg. IELTS, TOEFL, GCSE) | Results/grade | Year awarded | Awarding Body |
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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. 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.

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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

**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 part-time 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 able to ensure I have sufficient time available to undertake the programme part-time (2.5 days per week) for the duration of the programme.

**Authorised person - employer**

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

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

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

**Once fully completed, this form should be received by no later than:**

**12.00pm 27th April 2014**

**Return to:**

[graduate.nursing@manchester.ac.uk](mailto:graduate.nursing@manchester.ac.uk)

**Please note:** Interviews for shortlisted candidates will take place by Skype on **3rd June 2015**. No other interview dates will be available.