*Please send an electronic copy on this form to* *christideatonpa@medschl.cam.ac.uk* *by 12.00 midday on* ***Friday 10 November 2017****. Short-listed applicants will be interviewed the week of 20 November.*

This form is divided into five sections:

1. Applicant details
2. Summary of doctoral or post-doctoral research proposal
3. Plan for this ACT/BRC research fellowship
4. Applicant CV
5. Supervisor/s CV
6. **Applicant details**

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| --- | --- |
| **Lead applicant:***Surname, Forename, Title* |  |
| **Address for correspondence:** |  |
| **E-mail address:** |  |
| **Landline number/s:****Mobile number/s:****Bleep (if applicable):** |  |
| **Current Position:** |  |
| **Department hosting this research training fellowship** |  |

1. **Summary of Doctoral or Post-Doctoral Research Proposal**

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| --- | --- |
| **Title of Research Proposed for Doctoral or Post-Doctoral Fellowship:** |  |
| **Proposed Start Date:** |  |
| **University and department where doctoral or post-doctoral studies will be undertaken** |  |
| **Summary of proposed doctoral/post-doctoral research:** *maximum 250 words* |  |
|  |  |
| **Lay summary of proposed doctoral/ post-doctoral research** *maximum 250 words* |  |
| **Outline of proposal** | **Please attach a one page outline (minimum font size 10) of your proposed doctoral or post-doctoral research** |

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| **3.Plan for this ACT/BRC Fellowship** |
| **Proposed plan for this ACT/BRC NMAHP research training fellowship**What you will do during the research training fellowship: Time and activities to support development of doctoral/post-doctoral award application. Please include % time to be spent on fellowship and expected duration |  |
| **Support requested** *Please check salary costs with the Medical Staffing (CUH employment) or Cambridge University Human Resources* | Salary support requested Detail of other costs (eg travel, patient/public involvement, project, etc.)Total |
| **Verification of Line Manager support** | I have discussed the fellowship with my line manager, and confirm that I will be provided the time agreed if this application is funded:Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Verification of support from professional lead ( if different from above)** | Professional lead signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Applicant CV**

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| **ACT / BRC Nurses, Midwives and Allied Health Professionals (NMAHP)** **Research Training Fellowship Scheme****Applicant’s CURRICULUM VITAE** |
| Name |
| Current position |
| Previous positions (please list in chronological order, starting with the most recent) |
| Degrees and other qualifications |
| Please describe any previous research experience, and describe how the fellowship will further the applicant’s career (max 300 words) |
| Publications  |

1. **Supervisor/s CV**

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|  **ACT / BRC Nurses, Midwives and Allied Health Professionals (NMAHP)** **Research Training Fellowship Scheme****Supervisor’s CURRICULUM VITAE (please duplicate this page for additional supervisor)** |
| Name |
| AddressEmailTel. |
| Current position |
| Previous positions (please list in chronological order, starting with the most recent) |
| Degrees |
| Research Support (please list research grants awarded during the last 5 years) |
| Graduate student supervision Number of students supervised:MPhil/MRes PhDNumber of students who have completed their degrees:MPhil/MRes PhD |
| Publications (list up to 5 recent publications relevant to the proposed project) |
|  |