**CSO Innovation Academic Fellowship – 2023 Application Form**

**APPLICATION SUMMARY**

|  |  |
| --- | --- |
| Applicant  |  |
| Host Board |  |
| Head of Innovation  |  |
| Innovation Hub Supervisor |  |
| University Supervisor |  |
| Supervisor (insert more rows if necessary) |  |

|  |
| --- |
| Project Title  |
|  |

|  |  |
| --- | --- |
| Proposed start date (between 1 April and 1 October) Doctors in training must start in August. |  |
| Amount of Funding Requested(From Section 3) |  |

**Confidentiality & Data Protection**: Your application will be kept confidential by the Chief Scientist Office (CSO) and will only be shared with those involved in assessing the application, awarding the Fellowship, and providing summary details on the CSO website if funded and completed. For further information, please refer to the CSO Privacy Policy on our website.

**SECTION ONE – APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
|  |  |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Application Category | Specialism  | Current stage of training **OR** date of completion of training | NTN number **OR** years FTE of work since completion of training |
|  |  |  |  |

**Academic and Higher Professional Qualifications (starting with the most recent**) – add rows as required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic Institution | Qualification  | Class | Subject | Year of Award |
|  |  |  |  |  |
|  |  |  |  |  |

**Postgraduate Career, including present employment** (starting with most recent, please include the end date of your current appointment if applicable) – add rows as required

|  |  |  |  |
| --- | --- | --- | --- |
| Place of work | Post held  | From(dd/mm/yy) | To(dd/mm/yy) |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Professional Body Membership** (e.g. Royal Colleges, other professional organisations) |
|  |

|  |
| --- |
| **Research and Innovation Experience to Date** (include details of research and innovation experience, training, skills, publications (list up to 5) **1000 word limit** |
| Word count: |

|  |
| --- |
| **Impact of Fellowship**  (reasons for applying for this award and your current long-term innovation and clinical career plans – **600 word limit** |
| Word count: |

**SECTION TWO – PROPOSED RESEARCH AND INNOVATION PLAN**

|  |
| --- |
| **Project Title** |
|  |

|  |
| --- |
| **Plain English / Lay Summary** – 600 word limit |
| Word count: |

|  |
| --- |
| **Detailed Research and Innovation Project Plan** – 5000 total word limit |
| **Background Problem Statement** |
|  |
| **Why is this Research and Innovation Project Important** |
|  |
| **Proposed Research and Innovation Aims and Objectives**  |
|  |
| **Alignment to NHS Scotland Priorities and Recovery Plan** |
|  |
| **Project Plan (including Gantt chart or submit as separate document)** |
|  |
| **Success Criteria, Outputs, Risks and Anticipated Impact** |
| Word count: |

|  |
| --- |
| **Proposed Patient and Public Involvement** – 500 word limit |
| Please provide a description of the individuals who are or will be involved in the project, along with their roles and the reasons why their involvement is applicable. Additionally, explain what impact or changes may occur as a result of their participation. Referring to the detailed project plan can be helpful. |
| Word count: |
| Please justify why if it is not considered appropriate and meaningful to actively involve patients/service users, carers, or the public in the proposed research. |
|  |

|  |
| --- |
| **Training and Development Programme** |
|  |

|  |
| --- |
| **Clinical Commitments** |
|  |

**SECTION THREE –FINANCE**

This section must be completed in consultation with the Finance Office of the proposed institution.

**Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **\_\_\_ – March****£** | **April to March****£** | **April to March****£** | **April to \_\_****£** | **Total** |
| **Year** |  |  |  |  |  |
| **Applicant salary** |  |  |  |  |  |
| **Employer NI and Superannuation Contributions** |  |  |  |  |  |
| **Degree Registration fee** |  |  |  |  |  |
| **Training costs** |  |  |  |  |  |
| **Research and Innovation costs** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**Applicant Salary**

Please refer to the guidance notes to see the allowable salaries.

Requests for salaries should be based on actual costs at the time of application; do not include sums for inflation. Salary requests should take account of expected increments in future years.

|  |  |  |
| --- | --- | --- |
| Present Grade and salary Point | Present Basic Annual Salary | Present Incremental Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Proposed Grade and Salary Point | Proposed basic Annual Salary | % used for superannuation and NI |
|  |  |  |

**Training Costs**

|  |
| --- |
| Please provide details of additional research and innovation training courses, including a justification for why this training is required. CSO require all Fellows to have received PPI training – please include PPI courses here or detail what training you have already received. Please note that clinical training is not eligible. If no training is proposed, please justify why none is required. Costs for attending conferences should not be included. |
|  |

**Project Costs**

|  |
| --- |
| Please give a breakdown of the research and innovation Project Costs requested – this should not exceed £5,000 per annum (£15,000 in total or £10,000 if the award duration is 2 years). This budget is intended to cover fieldwork expenses, minor equipment costs (e.g. computer software), printing, postage, travel and stationery. **These costs must be fully itemised and justified**. Note that the provision of computer hardware will not be made; therefore, you should negotiate access to computer equipment and support before submitting your application. |
|  |

|  |  |
| --- | --- |
| Finance Officer  | Name: Signature: |

**SECTION FOUR –SUPPORT**

**Innovation Hub Supervisor**

|  |
| --- |
| Describe the proposed arrangements for supervision of the award and research and innovation project. Add additional sections if more supervisors are proposed. |
| Name: |  |
| Position and Organisation: |  |
| E-mail: Tel No: |  |
| Brief summary of Current/Past Innovation. |  |
| Details of Research and Innovation Supervision including recent PhDs/MDs supervised to completion and current supervisory load. |  |
| I confirm that the applicant has discussed and agreed the supervising requirement with me. |  Name……………………………Signature……………………………….  |

**University Supervisor**

|  |
| --- |
| Describe the proposed arrangements for supervision of the award and research and innovation project. Add additional sections if more supervisors are proposed.  |
| Name: |  |
| Position and Organisation: |  |
| E-mail: Tel No: |  |
| Brief summary of Current/Past Research and Innovation. |  |
| Details of Research and Innovation Supervision including recent PhDs/MDs supervised to completion and current supervisory load. |  |
| I confirm that the applicant has discussed and agreed the supervising requirement with me. |  Name……………………………Signature……………………………….  |

**Head of Innovation**

The Head of Innovation of the prospective Host Board must fill in the form and sign to indicate their formal approval of the application, their willingness to offer an appointment to the individual (if successful) for the tenure of the award subject to their normal employment practices, their approval of the salaries sought, and the acceptance of the terms and conditions associated with an Innovation Fellowship.

|  |  |
| --- | --- |
| **Candidate Name** |  |
| Please comment on the candidate and their suitability for an Innovation Fellowship (merit based on past career, current research innovation experience etc). |
|  |
| Please comment on the suitability of the project for the innovation training and career development of the candidate. |
|  |
| Name……………………………………….. | Signature………………………………………. |

**Clinical Supervisor (current or most recent)**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| Please comment on the candidate and their suitability for an Innovation Fellowship (merit based on past career, current research and innovation experience etc). |
|  |
| Please comment on the suitability of the project for the innovation training and career development of the candidate. |
|  |
| Name……………………………………….. | Signature………………………………………. |

**Postgraduate Deans Statement – for candidates still in training**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| Please comment on the candidate and their suitability for an Innovation Fellowship (merit based on past career, current research standing etc). |
|  |
| Location of Applicant. |  |
| NTN |  |
| Is the applicant in a substantive core or specialty training post? |  |
| Is the applicant eligible for OOPR (Yes/No) Is the applicant progressing satisfactorily in their training programme? (Yes/No)Add any other observations here or attach letter if necessary: |
|  |
| Name of Post Graduate Dean |  |
| Email |  |
| Post Graduate Dean (or deputy)Signature……………………………………….. | Date………………………………………. |

**SECTION FIVE –DECLARATIONS**

|  |
| --- |
| **Applicant** |
| I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete. I have read the terms and conditions of the Innovation Fellowship scheme, and, if my application is successful, agree to abide by them. The majority of the application is my own work with technical input as necessary from my supervisor(s).I agree to follow the Host institution's guidelines and best practices for conducting the research and innovation project, which will be updated according to the latest guidance and frameworks.I consent to the CSO holding and processing my personal and other data, both provided with this application and any additional data provided during the award process, whether by computer or other means.Signature of Applicant………………………………… Date…………………………………… |
| **Grantholder – NHS Health Board R&I Department** |
| I/We confirm that if an award is made, the research and innovation project will be accommodated within the proposed department and that all departmental resources necessary for the effective conduct of the research, other than those provided under the award, will be made available as required.I/We confirm that the research and innovation project will be accommodated within this Health Board and that all resources necessary for the effective conduct of the research will be made available as required. I/We agree that the resources provided under the award shall be applied for the purposes of the research innovation project approved under the award only.Signature of Signature ofHead of Department…………………………….. Administrative Authority …………………………….. Finance Officer Print name ……………………………………….. Print name ……………………………………………..Date…………………………… Date……………………………. |
| **Innovation Hub Supervisor** |
| I agree to be the supervisor/co-supervisor/joint supervisor (delete as appropriate) for the research and innovation project undertaken during this Fellowship. Signature of Supervisor …………………………………. Organisation …………………………………Print name ……………………………………………… Date …………………………. |
| **University Supervisor** |
| I agree to be the supervisor/co-supervisor/joint supervisor (delete as appropriate) for the research and innovation project undertaken during this Fellowship. Signature of Supervisor …………………………………. Organisation …………………………………Print name ……………………………………………… Date ………………………….(Add additional lines if additional sponsorship applies) |