**NRS Career Researcher Fellowships**

**Medical Consultant Application Form 2023**

**Confidentiality & Data Protection**: Please note that your application will be shared with your NRS node and with third parties for the purposes of assessing the application and awarding the Fellowship. Summary details of successful awards may be placed on the CSO website. Please see the CSO Privacy Policy available on the CSO website, for further details.

Please read the guidance document carefully before completing this application form, in particular the question-specific guidance.

Completed forms should be submitted by email to: **csofellowships@gov.scot**

Forms should be submitted no later than **5pm** on **Wednesday 29th November 2023**. Application forms without signature pages will not be considered.

**Section A: your details**

|  |  |
| --- | --- |
| Name: |  |
| Qualifications: |  |
| CCT date  |  |
| Current position |  |
| Date of first appointment as substantive consultant |  |
| Years (FTE) as Substantive Consultant as of March 2024 |  |
| Employer: |  |
| Contact details (Email and Tel):  |  |

**Section B: Employment History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Position**  | **Responsibilities** | **Start date** | **End date** |
|  |  |  |  |  |
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(please expand table as necessary).

**Section C: Research Experience**

1. Please give details of previous research experience or training.

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Publications

2. Please list any publications on which you are an author

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**Section D: Use of Career Researcher Fellowship Time**

3. Please describe why you are applying for this Fellowship and the benefits to your career (max 500 words)

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| --- |
| Word count:  |

4. Please specify the title of your proposed Research Programme

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|  |

5. Please describe your proposed Research Programme (max 1000 words).

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| --- |
| Word count:  |

6. Please describe which area(s) of NRS research excellence your proposal is aligned to OR the ‘orphan’ area in which you propose developing research (max 250 words)

|  |
| --- |
| Word count: |

7. Please describe how your proposal is relevant to current NHS policy in your clinical area (max 250 words)

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| --- |
| Word count: |

8. Please describe how any outputs from your proposed Research Programme will influence patient care and/or impact on the health and wellbeing of patients (max 500 words)

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| --- |
| Word count: |

9. Please describe the research training course(s) you propose attending and the relevance to your research programme.

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10. Please describe how you would spend your protected time if awarded an NRS Career Researcher Fellowship eg writing grants, recruiting patients etc (max 500 words)

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| Word count:  |

**Section E: Metrics of success**

11. please outline the proposed key metrics against which your success can be measured throughout, and at the end of, the Fellowship (eg grants obtained, studies completed, papers published, student supervision)

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**Section F: Clinical Support**

12. Please detail your current job plan and how the requested research sessions would be incorporated

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13. Please describe how your Clinical Department would ensure that your NRS Career Researcher Fellowship time is ring-fenced for research and any additional benefits offered e.g. additional support. This should include details of how your clinical sessions will be backfilled. (max 250 words)

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| Word count: |

**Section G: details of post and/ or funding requested – This section MUST be completed by the relevant research finance office.**

14 Financial details

|  |  |
| --- | --- |
| Applicant post and pay point |  |
| Session type  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2024/25 | 2025/26 | 2026/27 |
| Applicant Salary requested 0.2 W.T.E |  |  |  |
| Employers NI and Superannuation contributions |  |  |  |

|  |  |
| --- | --- |
| Total Funding Requested |  |

|  |  |
| --- | --- |
| Finance Officer |  |

**Section H: - To be completed by the Mentor.**

 15 Name and current position

16 Please detail grants held in the last 3 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Funding Body** | **Amount** | **Year of Award** |
|  |  |  |  |
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17 Please detail your skills and experience as a supervisor (300 words). Please also list the number of students you have supervised in the past 3 years.

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| --- |
| Word count: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | How many Students | Still current  | Completed |
| PhDs |  |  |  |
| MDs |  |  |  |
| MSCs |  |  |  |

18 Please describe the supervision plan for the project including support, training and skills that will be made available to the candidate. (500 Words)

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| Word Count:  |

19. Please describe how the candidates research will fit within your programme.

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**Section I** – **Additional Info**

20. If there is anything additional you wish to tell us please detail it here. This could include additional supervision arrangements.

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**Section J: Declarations/ Signatures**

1. **Applicant – by signing below I confirm that the details provided in the form are accurate.**

Name…………………………………………………. .......................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**b. Clinical Director – by signing below I confirm that, if this application is successful, the time requested in Section I will be ringfenced for the Fellowship**

Name…………………………………………………. .......................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**c. Mentor - confirmation of support**

Name…………………………………………………. .......................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**Thank you for completing this application form**