

**Standard Application Form for**

**NIHR School for Primary Care Research**

#  Primary Care Clinicians Career Progression Fellowship 2024

Please complete **all sections**. Your application should be sent by email to the SPCR team at applications.spcr@keele.ac.uk

* Please state **PCCCP** **Fellowship 2024** as the subject of the email.
* Please name the application form using the following convention: **Surname\_PCCCP\_24**
* Applications should be submitted as a Word document and not as a PDF
* Applications must be received by **1pm** **14 March 2024**

**Section 1 Personal data**

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| **Name**:  |
| **Contact details (address, telephone number and email):** |
| **ORCID ID (if applicable):** |
| **Professional background, please choose from the following four options:** Choose an item. Please provide further information ie. Dentist, Physiotherapist, Health Services Researcher, GP etc. |
| **Details of degrees, diplomas etc:** |
| **Current employer and job title:** |

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| **Research experience (500 words maximum):** |
| **Please list your best publications/ presentations (up to 5):**   |
| **Grants / funding received:** |
| **If you have previously been awarded either an Academic Clinical Fellowship or In-Practice Fellowship or other such award, please provide details on work completed (500 words maximum):** |
| **Do you currently have any applications submitted elsewhere? If so, please state the funding stream and expected date of notification of outcome:** |
| **Any other relevant information you wish to be considered during review of your application. (200 words maximum)** |

**Section 2 Work Plan for duration of fellowship**

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| **Proposed host institution:** \*If you are not currently employed by your proposed host institution, please ensure you have discussed any potential contractual issues arising from this award before submitting your application. |
| **Proposed supervisory team:** |
| **Please confirm that in addition to the proposed supervisor team, you have discussed your application with the SPCR Training Lead at your proposed host institution?** |

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| **Title of research:**  |
| **Abstract (350 words maximum):**  |
| **Plain English summary (350 words maximum):** |
| **Current or planned research (maximum 3 pages A4 including references and figures):**  |
| **How have patients and the public been involved with the development of your application so far and what will their involvement look like in your research? (maximum 500 words)** |
| **What collaborations will you develop during your fellowship? (maximum 300 words)** |
| **Details of your planned training and development programme (maximum 500 words):** |
| **Finances:**Please note that the **f**ellowship is for 12 months, 0.5 FTE. The SPCR provides funding based on the [BMA pre-2003 consultant scale](https://www.bma.org.uk/pay-and-contracts/pay/consultants-pay-scales/pay-scales-for-consultants-in-england), capped at Level 4 (currently £100,810). The SPCR does not stipulate the spine point that a fellowship should commence, however, we recommend that members and employing institutions perform due diligence checks before issuing a contract of employment. This includes the awardee providing proof of their current basic salary to ensure that the award is aligned as closely as possible to their current pay grade and the appropriate level on the BMA pre-2003 consultant scale.**No costing details are required at this stage** however, we advise you to discuss the fellowship funding with your local Research Manager or costing team.**A detailed costing, including salary, research, training and development and PPIE costs will be required if you are awarded a fellowship.** |

Please note that your planned project must fall within the remit of the National Institute for Health and Care Research

<https://www.nihr.ac.uk/documents/academy-nihr-remit-for-personal-awards/21380>

**Section 3 References**

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| **Please give details of two referees that we may contact in connection with this application:** |
| **Referee 1 name:** |
| **Referee 1 email address:** |
| **Referee 2 name:** |
| **Referee 2 email address:** |