School for Primary Care Research_logo_outlined_CMYK-01

**Application Form**

**Primary Care Clinicians PhD programme 2024**

* Please complete all sections. Your application should be sent by email to [applications.spcr@keele.ac.uk](mailto:applications.spcr@keele.ac.uk) by **12 noon on Wednesday 20th December 2023**
* Please include **Primary Care Clinicians PhD 2024** in the subject line of the email.
* Please name the application form file using the following convention: **Surname\_PrimCareClinPhD24**
* The application form file should be submitted as a Word document and not as a PDF
* Most questions are mandatory but those marked optional do not have to be completed
* Applications must be discussed in advance with your proposed host institution

**Section 1 Personal data**

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| **Name**: |
| **Professional qualifications, degrees, diplomas:** |
| **Current post Title:** |
| **Current post Address:** |
| **Name of professional body you are registered with and your registration number**, (e.g General Pharmaceutical Council, GPhC)**:** |
| **Your contact details (address, telephone number and email):** |

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| **Research experience (500 words maximum):** |
| **Please list your 5 best publications/ presentations:** |
| **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 related to the work proposed here or another doctorate submitted elsewhere?  Yes  No**  **If Yes, please briefly describe and state the funding stream:** |
| **Please indicate your medium and long-term career goals in relation to an academic career. (250 words maximum):** |

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

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| **Host institution** (NB your proposed primary supervisor should be based here)**:** (Choose from the drop-down list)  Centre for Academic Primary Care (University of Bristol) |
| **Proposed Primary Supervisor**  **Name:**  **Email:**  **Have you discussed this proposal with your proposed primary supervisor and gained their agreement to act as supervisor**?  **Yes  No**  *(Optional)* **Details of any other supervisors; Name, email and institution:**  **(NB: It is not necessary to have arranged your full supervisory team before submitting this application)** |

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| **Proposed title of doctoral research:** |
| **Is this project from the list of doctoral projects offered on the SPCR Primary Care Clinician PhD programme website**?  **Yes  No**  **Is this an original Project devised by yourself?  Yes  No**  *(Optional)* **Any Comments (50 words maximum):** |
| **Details of doctoral research planned.** (maximum of 2 pages A4 including references and figures and at least Arial 11 pt font) |

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| **Abstract (350 words maximum):** |
| **Plain English summary (350 words maximum):** |
| *(Optional)* **Does your proposed doctorate relate to any previous research and/ or clinical work you have done? Please describe (maximum 500 words):** |
| **How will patients and the public be involved with your research? (maximum 500 words)** |
| **What collaborations do you hope to develop during your studentship? (maximum 300 words)** |
| **Details of your training and development programme (maximum 500 words):** |
| **Do you wish to pursue your doctorate full time, at 0.8 WTE or at 0.6 WTE?** |
| **Do you wish to let us know any further information in support of your application? (e.g details of career breaks/caring responsibilities etc)** |

**Section 3 Finances NB: Please read the** [**FAQs**](https://www.spcr.nihr.ac.uk/career-development/career-development/the-doctoral-training-programme-for-primary-care-clinicians/frequently-asked-questions) **before completing this section.** Salaries will be supported at the applicant’s current salary, pro rata for % WTE. There is a salary cap. Clinical work should be arranged by the applicant.

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| **Please give details of your current gross annual salary or your Agenda for Change pay scale (including years of experience band and any high cost area supplements).** (You may be asked to provide evidence of your current salary or pay scale). |
| **Please give details of your anticipated research costs and training and development costs:** |

**Section 4 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:** |