***NHS Lothian Clinical Academic Research Pathways Partnership***

**Post-Doctoral Bridging Gateway Award**

**FUNDING APPLICATION FORM**

***2024***

**Part 1: Candidate**

**Section A: Your details**

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Profession: |  |
| Qualifications  | (including date professional registration): |
| Doctoral Studies | Type of doctoral degree:Institution:Date of award:Title of thesis: |
| Contact details: | Work address:Email:Telephone: |

**Section B: Current post(s) held**

|  |  |  |
| --- | --- | --- |
|  | **Post 1** | **Post 2 (if applicable)** |
| Job title: |  |  |
| Current salary band: |  |  |
| Employing organisation: |  |  |
| Department/Service: |  |  |
| Start date in current post: |  |  |
| No. of contracted hours per week: |  |  |
| Is this a fixed term contract? If Yes, indicate contract end date: | **Yes / No**dd/mm/yyyy | **Yes / No**dd/mm/yyyy |

**Section C: Relevant experience to date**

1. **Formal research training/education undertaken as part of doctoral programme.**

|  |  |  |
| --- | --- | --- |
| **Description of training** | **Dates** | **Institution**  **(if applicable)** |
|  |  |  |

1. **Other research, audit or service improvement related experience either as part of doctoral training or professional role.** Please identify your role, particularly where you have demonstrated leadership of the activity:

|  |  |  |
| --- | --- | --- |
| **Describe activity** | **Start/end dates** | **Your role** |
|   |  |  |

3. **Outputs from your research to date** (e.g. project reports, posters, publications, conference presentations).

**Part 2: Your research interests**

**Section D: Post-Doctoral Opportunities**

1. **Please describe the focus of your planned post-doctoral programme of research / dissemination activities**
2. **Please describe the potential impact of planned post-doctoral programme of research / dissemination activities on the care of patients/public**
3. **Do you have a specific Post-Doctoral Fellowship(s) that you intend to apply for?**

Yes 🞏 No 🞏

**If Yes, please give brief details (and where possible web links) of the Fellowships you intend to apply for – including the date for submission of application**

1. **Are you planning to apply for a research grant as part of your planned Post-doctoral programme?**

Yes 🞏 No 🞏

**If Yes, please give brief details (and where possible web links) of the grants you intend to apply for – including the date for submission**

1. **Please outline your future publication plan arising from your doctoral studies (and any other work)**

**7. Do you have an identified mentor to support your post-doctoral period?**

Yes 🞏 No 🞏

If yes – please give details

Name

Role

Institution

Existing link to doctoral studies (if applicable):

**8. How would you plan to use the time allocated for your funded post-doctoral award? *Please identify the type of activities you intend to undertake and include an indicative timeline over the 12 month period.***

**Section E: Future career plans**

**1. Tell us about the aspirations you have for your career over the next 10 years and how undertaking this Post-Doctoral Bridging Gateway Award will contribute towards them.**

**Part 3: Research Environment**

**1. What kind of research networks do you belong to at present or hope to join in the future? *(These can be internal to NHS Lothian and / or external)***

**Section F: Support for Application (*to be completed by line manager)***

**Name & Role:**

**(D*eclaration and signature are required in Section G*)**

**1. How does this application for a Post-Doctoral Gateway Award fit with the candidate’s current role and their personal development plan for the next 12 months?**

**2. What arrangements are you able to make to honour the funded study leave required for this award?** (26 days over a 12 month period i.e. 1 day per fortnight). *It is recognised that although backfill funding will be awarded that it may not always be possible to source backfill)*

**Section G: Referee**

Please give name, employment and contact details of one referee who is in a position to comment on your suitability to undertake this Post-Doctoral Gateway Award. *This should be a recent academic supervisor.*

|  |  |
| --- | --- |
|  | **Referee**  |
| Name: |  |
| Title: |  |
| Employing organisation: |  |
| Post held: |  |
| Contact details: | Address:Tel:Email: |

**Section H: Declarations/Signatures**

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

Name:

Signature:

Date:

1. **Line Manager – by signing below I confirm my support for this application and recognise the study leave commitment it will involve. I am aware that the funding provided by NHS Lothian is intended to cover backfill salary costs to my service and this will be paid into the Cost Centre at the time of the formal agreement being signed. I am responsible for ensuring the agreed plan of study leave and support for the applicant is honoured.**

Name:

Signature:

Position/title:

Cost Centre: Finance Contact (name)

Date:

1. **Professional Lead (Pharmacy Director/ AHP Director/ Associate Nurse Director/ Chief Nurse/Midwife)**

**By signing below I confirm my support for this application and recognise the study commitment it will involve. I am aware that the funding provided by NHS Lothian is intended to cover backfill salary costs to the applicant’s service and this will be paid into the Cost Centre at the time of the formal agreement being signed.**

Name:

Signature:

Position/title:

Date:

**Please submit this application form with appropriate signatures by 25th March 2024 to** **Loth.GatewayAwards@nhslothian.scot.nhs.uk**

**Please start your email header ‘Post Doctoral’**