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

**Advanced Methodological Gateway Award**

**FUNDING APPLICATION FORM**

***2025***

**Part 1: Candidate**

**Your details**

|  |  |
| --- | --- |
| Name: |  |
| Profession: |  |
| Qualifications (including date of professional registration): |  |
| Contact details: | Work address:Email:Telephone: |

**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 |

**Part 2: Doctoral Programme**

1. **Doctoral Training Programme**

|  |  |  |
| --- | --- | --- |
| **Name of Award** | **Institution**  | **Start date and planned end date** |
|  |  |  |

1. **Planned Research Study**

|  |  |
| --- | --- |
| **Title** |  |
| **Proposed Methodology** |  |

1. **Confirmation of Progression as Doctoral Candidate**

|  |  |
| --- | --- |
| **Date of internal review to confirm acceptance to progress as Doctoral Candidate**  |  |

1. **Other formal research training/education undertaken as part of doctoral programme to date.**

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

**5. Please provide brief summary of your research study (Aims & objectives, research questions, methodology, outline study design including sampling details, proposed method of analysis)**

**Part 3: Advanced Methodological Training Programme**

**1. Details of course (institution, aims, content, dates) *Please include web link to the actual course.***

**2. Please provide full details of fees for the course and plans for study leave (P*lease note the Gateway Award is to cover academic fees only and will not include travel and accommodation*)**

**3. How will attendance at this training programme influence your study design and/or analysis?**

**Part 4: Support for Application**

**(*To be completed by Director of Studies/Doctoral Supervisor)***

**Name & Role:**

**(*Declaration and signature are required in Section G*)**

1. How will this application for an Advanced Methodical Gateway Award fit with the candidate’s study design?

2. How will this Advanced Methodological training meet the candidate’s learning needs for their doctoral training?

**Section H: Declarations/Signatures**

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

Name:

Signature:

Date:

1. **Director of Studies/Doctoral Supervisor**

**By signing below I confirm my support for this application and the relevance of the training programme to the candidate’s doctoral degree.**

Name:

Signature:

Position/title:

Date:

**Please submit this application form with appropriate signatures to** **Loth.GatewayAwards@nhslothian.scot.nhs.uk**

**Please start your email header ‘Advanced Methodological’**