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

**Research Masters Degree Gateway Award**

**FUNDING APPLICATION FORM**

***2025***

**Part 1: Candidate**

**Section A: Your details**

|  |  |
| --- | --- |
| Name: |  |
| Profession: |  |
| Qualifications (including date of professional registration): |  |
| 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. Tell us about any formal research training/education you have undertaken (including as part of your undergraduate programme):

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of training** | **Start/end dates** | **Institution**  **(if applicable)** | **Qualification awarded**  **(if applicable)** |
|  |  |  |  |

1. Tells us about any other research, audit or service improvement related experience you have gained (e.g. participation in a study, practice learning activities, involvement in research activity in your ward/department, audits):

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

3. Tell us about any specific outputs of your research experience to date (e.g. dissertation (topic and type of dissertation), project reports, posters, articles

**Part 2: Your research interests**

**Section D: Research Masters Degree**

1. **Do you have a confirmed place to undertake a Research Masters (MRes/MScR/MPhil) if you are successful with this funding application? (*Please note this is a pre-requisite for interviewing and you should attach evidence of acceptance with your application form e.g. letter/email, if available. We would expect that the university will ask for academic references and, if so, these will not be required for this application form*)**

Yes 🞏 No 🞏

**If yes, which degree?** MRes 🞏 MScR 🞏 MPhil 🞏

**Please give brief details of any discussions you have had to date**

1. **Please explain your personal and professional interest in a undertaking a Research Masters**
2. **Please outline your area of research interest including, if possible, the research question(s) you would like to answer. Please include the rationale for proposing this study and your initial thoughts on how you might go about doing research in this area.**

**Section E: Future career plans**

1. **Tell us about the aspirations you have for your career over the next 10 years**

**Part 3: Research Environment**

1. **What kind of research and quality improvement activity are you aware of in your department/team? *(e.g. clinical research / trials / doctoral students, quality improvement projects)***

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

**Name & Role:**

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

1. How does this application and ambition to enter a Research Masters degree programme fit with the candidate’s current role and their personal development plan for the next 12-24 months?

2. What arrangements are you able to make to honour the funded study leave required for this award? *It is recognised that although backfill funding will be awarded that, dependent on the overall cap for this award and the variation in tuition fee costs across universities, it may not always cover the costs of 0.1WTE study leave for 2 years. It is also recognised that it might not be possible for your service to source backfill arrangements)*

**Section G: 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**](mailto:Loth.GatewayAwards@nhslothian.scot.nhs.uk)

**Please start your email header ‘Masters’**