**NATIONAL INSTITUTE FOR HEALTH RESEARCH**

**SCHOOL FOR SOCIAL CARE RESEARCH**

**Application form for an Individual Research Career Development Award**

**in Adult Social Care**

|  |
| --- |
| **Applicant’s details** |
| Surname |  |
| Forename |  |
| Title  |  |
| Current post(s) held |  |
| Current organisation |  |
| Host organisation |  |
| Proposed start date |  |
| Proposed end date |  |
| Contact address |  |
| Contact email |  |

**PART 1: SUMMARY**

|  |
| --- |
| **Application title** |
|  |
| **Provide a summary of your application** **[200 words maximum]** |
|  |

**PART 2: APPLICANT’S BACKGROUND**

|  |
| --- |
| Please describe:* yourcareer to date, including relevant experience for this proposed award, any relevant publications or other evidence of your research activities to date
* your career development goals.
* your education and training to date.

Please confirm whether you are currently registered for or undertaking a research doctorate (PhD/MD/DPhil) and specify type of registration and title of the thesis (include the date of registration and expected completion date and progress to date) **[1,000 words maximum]** |
|  |

**CV**

Please submit your CV with your application (4 pages maximum)

**PART 3: CASE FOR SUPPORT**

|  |
| --- |
| Please describe:* background and rationale for your proposal
* aims and objectives
* plan of work
* any associated ethical considerations
* how this award fits with your career plan
* what training you plan to undertake aligned to the proposed activities and plans for career development
* expected outcomes and markers of success
* plans for the involvement of experts by experience.

**[3,000 words maximum]** |
|  |

|  |
| --- |
| Please explain your reasons for choosing the setting in which you plan to undertake the award. **[400 words maximum]** |
|  |

**Gantt chart**

Please submit a detailed Gantt chart with your application.

**PART 4: RESOURCES**

|  |  |
| --- | --- |
| **Resources requested for this award with detailed justification** |  |
| Staff costs | £ |
| Non-staff costs | £ |
| Overheads (if applied) | £ |
| Total  | £ |
| *Please provide a detailed justification of the resources requested* |

**PART 5: HOST INSTITUTIONAL SUPPORT**

*For completion by the supporter for this award. A supporter is an individual who will support, mentor or supervise the applicant.*

*Please provide the same information for a second supporter if applicable.*

*If the award will be hosted by an organisation other than the current employer of the organisation, please include details of support from both organisations.*

|  |
| --- |
| **Supporter’s Details** |
| Surname |  |
| Forename |  |
| Title  |  |
| Post(s) held |  |
| Organisation |  |
| Contact address |  |
| Contact email |  |
| Support role in this proposal |  |

|  |
| --- |
| **In what capacity do you know the applicant?****[200 words maximum]** |
|  |
| **What support will you provide the applicant during this award and afterwards to assist in their career development?** **[500 words maximum]** |
|  |
| **What support is available from the institution relevant to social care research and/or practice, and how will this be made available to the applicant.** **[200 words maximum]** |
|  |

**Supporter 2 (if applicable)**

|  |
| --- |
| **Supporter’s Details** |
| Surname |  |
| Forename |  |
| Title  |  |
| Post(s) held |  |
| Organisation |  |
| Contact address |  |
| Contact email |  |
| Support role in this proposal |  |

|  |
| --- |
| **In what capacity do you know the applicant?****[200 words maximum]** |
|  |
| **What support will you provide the applicant during this award and afterwards to assist in their career development?** **[500 words maximum]** |
|  |
| **What support is available from the institution relevant to social care research and/or practice, and how will this be made available to the applicant.** **[200 words maximum]** |
|  |

**PART 6: PARTNER SUPPORT (if applicable)**

*For completion by a partner for this award*

*Please provide the same information for other partners as needed if applicable*

|  |
| --- |
| **Partner’s Details** |
| Surname |  |
| Forename |  |
| Title  |  |
| Post(s) held |  |
| Organisation |  |
| Contact address |  |
| Contact email |  |

|  |
| --- |
| **In what capacity do you know the applicant?****[200 words maximum]** |
|  |
| **What will be your role in the applicant’s proposed career development plan?** **[300 words maximum]** |
|  |
| **What support will you provide the applicant during this award and afterwards to assist in their career development?** **[500 words maximum]** |
|  |

**PART 7: DECLARATIONS**

|  |
| --- |
| **Applicant** |
| I confirm that the information given on this form is complete and correct, and that I shall be actively engaged in the work of this award and responsible for its overall management.Signature:Name:Date: |

|  |
| --- |
| **Supporter (Host institution)** |
| I confirm that I have read the details of this application. I am willing to act as the applicant’s academic supporter for research and career development. Signature:Name: Position:Date:  |

|  |
| --- |
| **Supporter 2 (if applicable)** |
| I confirm that I have read the details of this application. I am willing to act as the applicant’s second academic supporter for research and career development. Signature:Name: Position:Date: |

|  |
| --- |
| **Head of Department/Centre in organisation hosting the award**  |
| I confirm that I have read the details of this application and that the host institution is willing to accept this award if funding is approved by the NIHR SSCR and will support the candidate’s planned activities. Signature:Name: Position:Date: |

|  |
| --- |
| **Institutional authorised signatory for host organisation** |
| I confirm that I have read the details of this application and that the host institution is willing to accept this award if funding is approved by the NIHR SSCR and will support the candidate’s planned activities. Signature:Name: Position:Date: |