**NATIONAL INSTITUTE FOR HEALTH RESEARCH**

**SCHOOL FOR SOCIAL CARE RESEARCH**

**Application form for Master’s Internship Awards**

**in Adult Social Care Research**

**April 2020**

|  |  |
| --- | --- |
| **Applicant’s details** | |
| Surname |  |
| Forename |  |
| Title |  |
| Master’s degree being studied |  |
| University where registered |  |
| Department |  |
| NIHR SSCR university where internship will be based |  |
| Proposed start date |  |
| Dissertation submission date |  |
| Contact email |  |

**All applications should be accompanied by a brief CV (maximum 2 pages)**

**CASE FOR SUPPORT**

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| Dissertation title |
|  |
| Please cover:   * plan of work and topic area of interest for the dissertation * timetable of activities * how this award fits with your career plan * expected outcomes, NIHR SSCR output and markers of success   **[1,000 words maximum]** |
|  |

**RESOURCES**

|  |  |
| --- | --- |
| **Amount requested (maximum £5,000)** |  |
| £ | |
| Please provide a brief breakdown of the funding requested | |
|  | |

**STATEMENT OF INSTITUTIONAL SUPPORT**

*This section should be completed by the NIHR SSCR Core Member Lead or NIHR SSCR Senior Fellow supporting the student.*

*Where this individual differs from the NIHR SSCR Core Member Lead and or the intended dissertation supervisor additional signatures are required from the Institutional Core Member Lead and the Dissertation supervisor.*

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| --- | --- |
| **NIHR SSCR Supporter** | |
| Surname |  |
| Forename |  |
| Title |  |
| Post(s) held |  |
| University |  |
| Contact email |  |
| Contact telephone number |  |

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| --- |
| Please outline:   * arrangements for supervision * how the institution will support career development for the applicant   **[500 words maximum]** |
|  |

**DECLARATIONS**

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| **Applicant** |
| I confirm that the information given on this form is complete and correct, has been discussed with the appropriate NIHR SSCR Core Member Lead and that I shall be actively engaged in the work of this award and responsible for its overall management.  Signature:  Name:  Date: |

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| **NIHR SSCR Core Member lead (if different from supervisor)** |
| I confirm that I have discussed this application with the applicant, and – on behalf of my institution – am willing to host the internships if funded.  Signature:  Name:  Date: |

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| --- |
| **Supervisor / NIHR Senior Fellow if different from above (Host institution)** |
| I confirm that I have read the details of this application. I am willing to act as the applicant’s academic supervisor for the proposed internship.  Signature:  Name:  Position:  Date: |