**NATIONAL INSTITUTE FOR HEALTH RESEARCH**

**SCHOOL FOR SOCIAL CARE RESEARCH**

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

**in Adult Social Care Research**

**January 2021**

|  |  |
| --- | --- |
| **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: |