**Chief Nurse Fellowship Application Form 2020**

**INTERNAL APPLICANTS ONLY**

**Part 1 -** This form is for Nurses, Midwifes and Allied Healthcare Professionals applying for the Chie Nurse Fellowship. Please complete this form **electronically** or in **block capitals**. Please send this completed form and a copy of your CV to [NMAHPresearch@stgeorges.nhs.uk](mailto:NMAHPresearch@stgeorges.nhs.uk) stating “Chief Nurse Fellowship application” in email header.

**Your Details**

|  |  |
| --- | --- |
| Full Name |  |
| Employee Number: *Found under your photo on your Trust ID Badge and on your payslip* |  |
| Work Email Address |  |
| Role |  |
| Band |  |
| Where you work: *Department / Ward / Clinical Area* |  |
| Division |  |
| Start Date in the Trust |  |
| If applicable, name of last employer *e.g. other NHS employer* |  |
| If applicable, please list courses you have attended since 1st April 2020 with the date |  |
| If applicable, how much funding / how many CPD points have you accessed from your last employer since 1st April 2020 |  |
| Contract end date (if applicable) *E.g.*  *if you are on secondment or a fixed term contract* |  |
| Appraisal (Performance Development Review) Date |  |
| I am up to date with all required Mandatory and Statutory Training (MAST). *Yes/ No*  *You can check your MAST training record on ARIS* |  |
| I confirm I meet the criteria to undertake the PGCert in Research Skills and Methods and will apply directly to the University by the deadline of 2 September 2020 |  |

**Your Managers’ Details**

You must have agreement from your line manager to apply prior to submitting this form.

|  |  |
| --- | --- |
| Line Manager’s Name |  |
| Line Manager’s Email |  |
| Nurse Applicant - Head of Nursing  Midwifery Applicant – Matron  AHP Applicant – Therapies Lead |  |

Upon receipt of your application, your MAST and Appraisal will be checked and your Head of Nursing / Matron / Therapy Lead will be contacted via email for their authorisation for your application to be progressed to the next stage.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2** – This section of the Chief Nurse Fellowship application will be submitted for panel consideration.

|  |  |  |
| --- | --- | --- |
| Employee Number: | Role: | Band : |
| Trust Start date: | Previous funding received: | |

Please provide details here of how the Fellowship aligns to your service and career objectives.

**1. Proposed research area (no more than 50 words)**

**2. Outline for a clinical research project (no more than 500 words) including:**

**- Why you are interested in the topic area**

**- Need for the research / service change, including reference to current national policy or the evidence base**

**- How the proposed research will improve care**

**- How the proposed research fits with department or Trust objectives**

**3. How this Fellowship aligns to your intended career as a clinical academic (no more than 250 words), including:**

**- How your past experience has led to this application**

**- How you would like to develop your career as a clinical academic in the future**

**4. How will you disseminate the work done during this Fellowship?**