**Health and Care Research Wales**

**Specialty Lead Application Form 2022**

Applicants should complete this form and submit with associated attachments by 17:00 on 27 February 2022 to [SpecialtyLeadsSupport@wales.nhs.uk](mailto:SpecialtyLeadsSupport@wales.nhs.uk).

Applicants should refer to the Information Pack, including Key Tasks and Responsibilities when completing the application.

Applications must be submitted by email and include all of the following attachments:

1. Completed application form (below)
2. Applicant CV (Max 2 pages)
3. Confirmation email from Line Manager re job plan (see below)
4. Confirmation email from NHS R&D Director re costings (see below)

**SECTION A: Specialty for which application is made**

|  |
| --- |
|  |

**SECTION B: Applicant details**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Current position |  |
| NHS organisation |  |
| Nature of appointment with NHS organisation (e.g permanent, fixed term, honorary) |  |
| Main employing organisation (if different to above) |  |
| Line manager name: |  |

*\*\*\*Please include in your submission your 2-page CV \*\*\**

**SECTION C: Activities Plan (max 600 words total)**

|  |
| --- |
| 1. How active is the research/research community in the specialty you have applied for and what is the potential to increase this activity in Wales? |
| 1. With reference to the Specialty Lead role expectations, describe the specific actions you propose to take that will facilitate positive change |

**SECTION D: Job plan**

*\*\*\*Please include confirmation in your submission from your Line Manager they have approved the change to your job plan\*\*\**

|  |  |
| --- | --- |
| 1. FTE/sessional time applied for   (0.05fte- 0.1fte) |  |
| 1. Proposed start date: |  |

1. Please provide an overview of your current job plan
2. Please provide an overview of your proposed job plan, factoring in the Specialty Lead time

**SECTION E: Finance**

*\*\*\*Please include confirmation in your submission from the NHS R&D Director from the NHS organisation who will receive the funding to confirm these costings\*\*\**

|  |  |
| --- | --- |
|  | Salary (including on-costs) |
| 1. WTE salary including on-costs |  |
| 1. Requested Year 1 |  |
| 1. Requested Year 2 |  |
| 1. Requested Year 3 |  |
| 1. Total requested (Years 1-3) |  |

**SECTION F: Declarations**

In submitting this application you are confirming, if successful, you will meet the required responsibilities and expectations as detailed.

END