**Health and Care Research Wales**

**Support and Delivery**

**Learning and Development Scheme**

**Application Form**

**Private & Confidential**

The information asked for in this form is important in assessing your application. Incomplete applications will not be considered.

**Please ensure you have read the ‘Guidance for applications to the Support and Delivery Learning and Development scheme’ including eligibility and the ‘terms and conditions’ section found in appendix 2.**

**Please return this form following completion of the checklist at the end of this application document to:** Research-training@wales.nhs.uk

**Closing date for applications: 17.00 on Friday 10th March 2023**

|  |  |
| --- | --- |
| Full name: |  |
| Work address: |  |
| Tel No: |  |
| E-mail: |  |
| Job Title: |  |
| Line Manager name: |  |
| Senior Support & Delivery Manager name and email address:(R&D Director OR Head of Research Delivery OR Head of Support & Delivery Centre) |  |

Please select which stream of funding you are applying for:

|  |  |
| --- | --- |
| **Stream A** - Masters in Research degree or equivalent Masters-level  |  |
| research training in applied health and social care. |  |
| **Stream B** - Professional development courses to support a range of |  |
| management responsibilities.* Have you attended the information sessions provided by USW or sought advice from the USW team before applying? **YES/NO**
 |  |
| **Stream C** - Any other role related training / professional development |  |
| course as identified by the staff member and line manager. This can be from any (preferably Wales based) accredited provider. |  |

**Supporting statement**

Explain why you are applying to the Support and Delivery Learning and Development Scheme, specifying the course you are seeking support to attend and what you hope to gain.

You should structure your supporting statement **under the following headings, referring to the Panel Scoring Criteria detailed in Appendix 3 of the Support and Delivery Learning and Development Scheme Guidance.**

|  |  |
| --- | --- |
| **University/institution/Course Provider choice 1:** |  |
| **University/institution/Course Provider choice 2: (if applicable)** |  |
| **Course title:** |  |
| **Course webpage links choice 1:** |  |
| **Course webpage links choice 2:****(if applicable)** |  |
| **Module title(s) (if applicable):** |  |
| **Total credit value of the course or module(s) (if applicable):** |  |
| **The learning objectives and outcomes of the course:** |

**How will the course outcomes meet your personal development needs?**

Please limit your answer to 150 words.

|  |
| --- |
|  |

**How will the course outcomes meet your professional development needs in terms of enhancing effectiveness within your role?**

Please limit your answer to 150 words.

|  |
| --- |
|  |

**How will the course outcomes contribute to your future career aspirations?**

Please limit your answer to 150 words.

|  |
| --- |
|  |

**How will completion of the course contribute to one or more of the Health and Care Research Wales aims and objectives?**

Please limit your answer to 150 words.

|  |
| --- |
|  |

**Financial Plan**

Please note that the Support and Delivery Learning and Development Scheme cannot contribute towards travel, accommodation or subsistence costs. Support for these expenses should be sought from your employer.

**Choice 1**

|  |  |
| --- | --- |
| Estimated date of enrolment: |  |
| Estimated date when the course provider will invoice Health and Care Research Wales per annum: |  |
| Start date of course: |  |
| End date of course: |  |
| Cost of the course per annum (including VAT): |  |
| Additional steps you will take to make up a shortfall in the event of part-funding being awarded through the Learning and Development scheme: |  |
| Please outline any study leave requirements (e.g. Hours per week/month required): |  |

**Choice 2 (if applicable)**

|  |  |
| --- | --- |
| Estimated date of enrolment: |  |
| Estimated date when the course provider will invoice Health and Care Research Wales per annum: |  |
| Start date of course: |  |
| End date of course: |  |
| Cost of the course per annum (including VAT): |  |
| Additional steps you will take to make up a shortfall in the event of part-funding being awarded through the Learning and Development scheme: |  |
| Please outline any study leave requirements e.g. Hours per week/month required):: |  |

**STREAM A ONLY:**

**If applying for a Masters in Research degree or equivalent Masters-level research training in applied health and social care, please complete the following:**

|  |  |
| --- | --- |
| NHS band: |  |
| Spine point: |  |
| Hours worked per week: |  |
| Current salary: |  |
| WTE requested (0.1 or 0.2 WTE): |  |
| Proposed award start date: |  |
| Length of award requested: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Total** |
| Salary (incl. on-costs) |  |  |  |  |
| Salary (incl. on costs) @ 0.1WTE |  |  |  |  |
| Salary (incl. on costs) @ 0.2 WTE |  |  |  |  |
| Overheads @ 8% of requested salary element (including on-costs) |  |  |  |  |
| **Total:** | **£** |

Please explain how your role commitments will be covered if you are successful at winning a L&D scheme award:

**Please ensure you return this form, following completion of the checklist below to:** Research-training@wales.nhs.uk

This will prevent any unnecessary correspondence to clarify your application is valid.

**Closing date for applications is 17.00 on Friday 10th March 2023.**

|  |  |
| --- | --- |
| **Checklist** | **Yes /No** |
| Ensure you fulfil the eligibility criteria as stated within the guidance notes |  |
| You have completed all sections of the application form  |  |
| Your current CV is attached (using the template provided) |  |
| Your line manager confirmation is attached |  |
| Your application email includes the email address of your Head of Research Delivery OR R&D Director OR Head of the Support & Delivery Centre **(they must be copied into your application email)** |  |

For any queries regarding the completion of this form or the application process please contact Research-training@wales.nhs.uk