**Health and Care Research Wales**

**Research Training Award 2024**

**Application Form**

Please read the [Scheme Overview and Application Guidance](https://healthandcareresearchwales.org/sites/default/files/2024-02/Research_Training_Award-Scheme_Overview_Application_Guidance_2024.pdf) before completing this form.

The Application Form should be submitted electronically with authorised signatures (scanned or electronic) to the address below by **16:00 on Thursday 4 April 2024**: [applications.faculty@wales.nhs.uk](mailto:applications.faculty@wales.nhs.uk)

If you would like to discuss your application prior to submission, please [email the team](mailto:Research-Faculty@wales.nhs.uk).

We take seriously our duty under the Equality Act (2010) to offer and make reasonable adjustments for people with disabilities applying to our research funding schemes, and to ensure that our Panel members are aware of our responsibilities in relation to equality, diversity, and inclusion and thus the need to treat all applications fairly.

If you would like to discuss reasonable adjustments to the application process, please contact [Research-Faculty@wales.nhs.uk](mailto:Research-Faculty@wales.nhs.uk) before the application deadline.

We are committed to improving the data and monitoring around researcher equality, diversity and inclusion data to enable us to develop action plans to help facilitate the equal representation of all groups, across career stages and professions, in the Welsh researcher population. We therefore strongly encourage all applicants to complete an [**Equality Monitoring Form**](https://healthandcareresearchwales.org/form/faculty-equality-form) online. More information on how we will handle the data is provided in the form.

**Please note that if you are successful you will need to also apply via your chosen University’s application process, Health Care Research Wales will NOT do this on your behalf**.

**Section A: Applicant Details**

|  |  |  |
| --- | --- | --- |
| A1 | Title: |  |
| A2 | Name: |  |
| A3 | Work contact address: |  |
| A4 | Email address: |  |
| A5 | Contact telephone number: |  |
| A6 | Current job title: |  |
| A7 | Please provide details of your Bachelor level degree or equivalent (Title, Awarding Body, and Date of award): |  |
| A8 | Highest academic  Qualification if higher than a degree: |  |

|  |  |  |
| --- | --- | --- |
| A9 | Current employing organisation (NHS Wales or Welsh Social Care setting, this includes staff working in independent health and social care provision such as Primary Care, Community pharmacy and social care providers): |  |
| A10 | Head of Department Name or R&D Director or appropriate equivalent: |  |
| A11 | Head of Department Job/ R&D Director Title: |  |
| A12 | Head of Department email Address: |  |
| A13 | Line Manager Job Title: |  |
| A14 | Line Manager email address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| A15 | Do you have your employer’s agreement to undertake this period of study? | Yes / No | |
| A16 | Name of chosen Masters level course and Organisation/University (Please see guidance for course options) |  | |
| A17 | If you have selected a course not currently listed in the guidance please explain how it meets the criteria for the Masters training award. |  | |
| A18 | Please confirm whether you meet the entry requirements of this course | Yes/No | |
| A19 | Duration of study and whether full time/part time |  | |
| A20 | Are you applying for Tuition Fees only, or do you also wish to apply for 0.2 WTE salary costs? Pro-rata for part time study.  (Please provide further details in Finance section) | Tuition Fees only |  |
| Tuition Fees plus 0.2 (WTE) i.e., 1 day a week salary costs |  |

**Section B: Employment history, research achievements, skills and experience**

**B1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Position | Responsibilities | Start date | End date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Please expand table as necessary).

**B2**

|  |
| --- |
| Please provide an overview of your achievements, skills and experiences within your current clinical or practice role and in relation to four domains relevant to developing a research career, namely (1) personal statement; (2) contributions to the generation of new ideas; (3) contributions to the development of others and (4) contributions to the broader research and innovation community and society.  If you are at a very early stage of your research career, we would expect you to describe how your achievements, skills and experience to date have helped you to progress to this point given your career stage.  (**Max 1,000 words)** |
|  |

**Section C: Justification for the course you have chosen and how this will help you to progress your research career**

**C1**

**C1 A** You should use this section to explain how your interest in research has developed and the relevance of your areas of interest on the needs of the public, patients, service users and carers in Wales. Please also describe how the course you have chosen is structured (module options, mode of delivery), and why you have chosen this specific course.

**Max 500 words**

|  |
| --- |
|  |

**C1 B** Explain how your chosen course will contribute to your research development. Please state where you currently see yourself on a research career pathway, and how this award will progress your future plans. Please describe your plans beyond the term of this award and explain how you think the Research Training Award will contribute to your ongoing research career development.

**Max 500 words**

|  |
| --- |
|  |

**Section D: Employing Organisation Sponsor**

**D1**

**First Sponsor (Line Manager or equivalent):**

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Contact address: |  |
| Email address: |  |
| Contact telephone number: |  |

Please outline below **(Maximum 500 words)**

* The support you will provide to the applicant during the period of their Research Training Award (including additional study leave).
* How you will continue to support the research ambitions of this applicant beyond the term of this award.
* The benefits of the award to your department /organisation.

|  |
| --- |
|  |

**As Line Manager you commit to the following:**

* This training / professional development request is part of the applicant’s current Development Review/ Appraisal or will be included in the applicant’s Development Review/ Appraisal at the next opportunity.
* The time required by the applicant to complete the programme of study is recognised and as line manager you will facilitate the completion of the programme of study by agreeing study leave and/or backfilling of the staff member’s time.
* On completion of the award, it is agreed that the applicant will be supported to return to their original WTE hours if they had been reduced during the course.

|  |  |
| --- | --- |
| Date: |  |
| Electronic Signature: |  |

**Section D: Employing Organisation Sponsor**

**D2**

**Second Sponsor (Head of Department/ Research and Development Director/ Equivalent):**

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Contact address: |  |
| Email address: |  |
| Contact telephone number: |  |

Please outline below **(Maximum 500 words)**

* The support you will provide to the applicant during the period of their Research Training Award (including additional study leave).
* How you will continue to support the research ambitions of this applicant beyond the term of this award.
* The benefits of the award to your department /organisation.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Date: |  |
| Electronic Signature: |  |

**Section E: Costs**

Please complete the following tables. Please ensure you refer to the Guidance Notes for this award, and finance figures are obtained from the Finance office at your employing organisation.

**Table E1:**

To be completed by all applicants:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1 (Academic Year starting September 2024)** | **Year 2**  **(Academic Year starting September 2025)** | **Year 3**  **(Academic Year starting September 2026)** | **Total** |
| Annual Course Tuition Fees |  |  |  |  |

**Table E2:**

If applying for salary costs, please complete the table E2 and E3.

|  |  |
| --- | --- |
| Hours worked per week (currently): |  |
| Current Grade: |  |
| Current salary (Pro- rata if part time): |  |
| How many days a week do you currently work? |  |
| Salary Cost requested 0.2 WTE (1 day) or pro rata for part time study |  |

**Table E3:**

Please complete this table if applying for salary costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Year 1 | Year 2 | Year 3 | Total Salary costs |
| Salary Costs (incl. on costs) for 0.2 WTE (pro -rata for part time study) | **£** |  |  |  |  |
|  |  |  |  |  |  |
| **Overall total (Salary costs and tuition fees) £** | | | | |  |

**Approval of E3 only:**

|  |  |
| --- | --- |
| Name of Finance Officer: |  |
| Email Address of Finance Officer: |  |
| Date: |  |
| Finance Officer Electronic Signature: |  |

**Section F: Declarations**

**F1 Applicant Signature**

*I declare that I have completed the application form in accordance with the guidance notes and that the information provided is accurate to the best of my knowledge.*

|  |  |
| --- | --- |
| Date: |  |
| Applicant Electronic Signature: |  |

**F2 Head of Department/ or equivalent**

*I declare that application form is completed in accordance with the guidance notes and that the information provided is accurate to the best of my knowledge.*

|  |  |
| --- | --- |
| Date: |  |
| Head of Department Electronic Signature: |  |

**Thank you for completing this application form.**

**Submitting this form:**

**This application form should be emailed from your employing organisation email address with authorised electronic signatures included in this document, and the three signatories copied into the email (Line Manager, Head of Department and Finance Officer).**

**You should send your form to:** [**applications.faculty@wales.nhs.uk**](mailto:applications.faculty@wales.nhs.uk) **by 16:00 on Thursday 4 April 2024.**

**NB: Health and Care Research Wales will not follow up with the applicant if this form is not completed in full or if it is incorrect. Such applications may be automatically rejected. Applications submitted without appropriate signatures will be automatically rejected.**

If you would like to discuss your application prior to submission, please contact Health and Care Research Wales at the above address.

**G. Privacy Notice – Welsh Government Grants**

We have an obligation to keep data secure and to use it appropriately. To fulfil our obligations under law and as a result of our partnership with the Welsh Government, Health and Care Research Wales adopts various procedures to use and protect data. This will impact on how we deal with you as an applicant and your Co-applicants.

**Privacy Notice**

The Welsh Government Grant Privacy Notice states how the Welsh Government will use the information provided at application stage. It is available here: [https://gov.wales/privacy-notice-welsh-government-grants](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgov.wales%2Fprivacy-notice-welsh-government-grants&data=05%7C01%7CMarc.Boggett%40gov.wales%7C00265e1bdd9d44718b9208da901f7466%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637980762035243220%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=H0f9kBed8SdRV2w8ExKjhLqA5VCIJvukYzDTQcjr9iY%3D&reserved=0)

**Data Security – Data About You**

Personal information will be held by Health and Care Research Wales in a network that is available only to Heath and Care Research Wales staff. Your details and those of your Co-applicants will be retained in order to facilitate the running of the Health and Care Research Wales funding schemes. If your application is successful at any stage of our process, your name and organisation details may appear on the Health and Care Research Wales website. In addition, once funding has been agreed and the contract signed, your details may appear in other Health and Care Research Wales literature as a grant holder and will be passed to Welsh Government for inclusion in any of their publicly available databases of research projects. If you have any questions~~,~~ please contact us at: [Research-Faculty@wales.nhs.uk](mailto:Research-Faculty@wales.nhs.uk)

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the data protection legislation, please see contact details below:

Data Protection Officer:

Welsh Government

Cathays Park

CARDIFF

CF10 3NQ

Email Address: [Data.ProtectionOfficer@gov.wales](mailto:Data.ProtectionOfficer@gov.wales)

The contact details for the Information Commissioner’s Office are:

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Telephone: 01625 545 745 or 0303 123 1113

Website: [www.ico.org.uk](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fico.org.uk%2F&data=05%7C01%7CMarc.Boggett%40gov.wales%7C00265e1bdd9d44718b9208da901f7466%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637980762035243220%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=wUUZr3qyxLgvScONyyj3t1GQ3ZXc7s9HjMlnx2ROPPo%3D&reserved=0)

**How to find out more**

The Privacy Notice will be effective from 25 May 2018 and you can view it at [Privacy notice: Welsh Government grants | GOV.WALES](https://gov.wales/privacy-notice-welsh-government-grants). The Grants Privacy Notice makes sure we continue to comply with privacy law and regulation.

If you have any question or require any further help please contact the [Data Protection Officer](mailto:DataProtectionOfficer@gov.wales).