**Health and Care Research Wales**

**Personal Award Accelerator application form**

**Please read the** [**Scheme Overview and Application Guidance document**](https://healthandcareresearchwales.org/sites/default/files/2024-08/personal_award_accelerator_overview_guidance_2024.pdf) **before completing this form.**

The application form should be submitted electronically with authorised signatures (scanned or electronic) to [applications.faculty@wales.nhs.uk](mailto:applications.faculty@wales.nhs.uk)

If you would like to discuss your application prior to submission, please contact [Research-Faculty@wales.nhs.uk](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 ask all applicants to complete an [**Equality Monitoring Form**](https://healthandcareresearchwales.org/form/faculty-equality-form) online as part of your application. More information on how we will handle the data is provided in the form.

**Section A: Applicant and Employer Details**

|  |  |  |
| --- | --- | --- |
| A1 | Title: |  |
| A2 | First Name: |  |
| A3 | Last Name: |  |
| A4 | Preferred pronouns: |  |
| A5 | Contact telephone number: |  |
| A6 | Contact email address: |  |
| A7 | Employing organisation: |  |
| A8 | Department: |  |
| A9 | Work contact address: |  |
| A10 | Current job title: |  |
| A11 | Profession: |  |
| A12 | Research area (please select from list in scheme guidance): |  |
| A13 | Specialty area (please select from list in scheme guidance): |  |
| A14 | Highest academic qualification: |  |
| A15 | Contract Type: |  |
| A16 | Name and job title of Line Manager or appropriate equivalent: |  |
| A17 | Line Manager contact email Address: |  |
| A18 | Name and job title of Head of Department/R&D Director/relevant equivalent: |  |
| A19 | Head of Department/R&D Director/relevant equivalent contact email address: |  |
| A20 | Name and job title of finance contact: |  |
| A21 | Finance contact email address: |  |

**Section B: Employment history (relevant to this application)**

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

(Please expand table as necessary)

**Section C: Research achievements, skills and interests**

|  |
| --- |
| 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.  (**Max 1,000 words)** |
|  |

**Section D: Proposed award plan**

|  |
| --- |
| D1 Please describe all research activity you will be involved in as part of this award highlighting, your aims, objectives and expected benefits.  **(Max 1,000 words)** |
|  |
| D2 Please describe the training and development activities you plan to undertake in order to develop your research skills. Please also explain why your chosen Research Supervisor(s) or Mentor(s) is best placed to support your plans and how they will contribute to your development.  **(Max 750 words)** |
|  |
| D3 Please describe the relevance of your research activities as well as the likely impact of the activities set out above on the health and wellbeing needs of patients, service users, and carers in Wales.  **(Max 500 words)** |
|  |
| D4 Please provide an overview of your research career ambitions, why this award is justified and how it will enable your development as a researcher (why this award is the right award for you at this point in your career).  **(Max 500 words)** |
|  |
| D5 Please describe how you will utilise the support and opportunities offered by the Health and Care Research Wales Faculty during this award and beyond to develop your research career?  **(Max 500 words)** |
|  |

**Section E: Statements of Support from Employer and Mentor**

**E1 To be completed by Line Manager in employing organisation**

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |

Please outline below:

* Confirmation that the organisation will facilitate the applicant’s employment in line with the funding amount/award period.
* The support you will provide to the applicant during the period of their award.
* Confirmation of commitment from the organisation to arrange backfill for the applicant where relevant
* How you will continue to support the research ambitions of this applicant beyond the term of this award.

|  |
| --- |
| **(Max 250 words)** |

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

**E2 To be completed by the Applicant’s Research Supervisor(s) or Mentor(s):**

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

Please outline below:

* The support you will provide to the applicant during the period of their award.
* How you will continue to support the research ambitions of this applicant beyond the term of this award.

|  |
| --- |
| **(Max 250 words)** |

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

**Section F: Costs**

**F1 Please complete the following tables with the applicant’s details (we advise your employing organisation’s finance officer to complete these tables):**

|  |  |
| --- | --- |
| Grade: |  |
| Spine point: |  |
| Hours worked per week: |  |
| Current salary (full time equivalent): |  |
| WTE requested: |  |
| Proposed award start date: |  |
| Length of award requested: |  |

**Cost breakdown table: salary (including on-costs) and non-staff costs**

|  |  |  |
| --- | --- | --- |
|  | Year 1 | Total |
| Salary (incl. on-costs) for duration of the award |  |  |
| Salary (incl. on costs) @ requested WTE for the duration of the award |  |  |
|  |  |  |
| **Non-staff costs (£2,500 maximum):** |  |  |
| Travel & Subsistence |  |  |
| Training costs |  |  |
| Public Involvement costs |  |  |
|  |  |  |
| **Total (should not exceed £11,000)** |  |  |

**To be signed by your organisation finance contact**

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

**Section G: Declarations**

**G1 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.*

|  |  |
| --- | --- |
| Please tick to confirm that you have completed the online Equality Monitoring Form |  |

|  |  |
| --- | --- |
| Applicant e-signature: |  |
| Date: |  |

**G2 Employer Organisation: Head of Department, R&D Director or relevant equivalent**

*I confirm that I support this application and will ensure the appropriate contractual and research activities support will be provided to the applicant if successful.*

|  |  |
| --- | --- |
| Head of Department, R&D Director or relevant equivalent e-signature: |  |
| Date: |  |

**Section H: Submitting your application**

**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/R&D Director/relevant equivalent and Finance Officer)**

[**applications.faculty@wales.nhs.uk**](mailto:applications.faculty@wales.nhs.uk)

**Section I: Checklist**

|  |  |
| --- | --- |
| **To check** | **Complete** |
| All sections of the application have been completed |  |
| Ensure word counts on application are within limits |  |
| Obtained correct authorisation on application |  |
| Application to be submitted with relevant signatures and signatories to [applications.faculty@wales.nhs.uk](mailto:applications.faculty@wales.nhs.uk) |  |
| [Equality Monitoring Form](https://healthandcareresearchwales.org/form/faculty-equality-form) submitted online |  |

**Section J: 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 us at [DataProtectionOfficer@gov.wales](mailto:DataProtectionOfficer@gov.wales)