**Health and Care Research Wales**

**Specialty Lead application form 2025**

Applicants should complete this form and submit with associated attachments by **17:00 on 31 January 2025** 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 (see below)
2. Applicant CV (max two pages)
3. Confirmation email from NHS Research and Development Director or Departmental Head (see below)
4. Confirmation email from Line Manager (see below)

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

|  |
| --- |
|  |

**SECTION B: Applicant details**

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

\*\*\*Please include in your submission your two-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   ( 0.1fte suggested ) |  |
| 1. Proposed start date:   (Expected start date 1st April 2025) |  |

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 if your main employer is the NHS or Departmental Head for non-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