**Health and Care Research** **Wales**

**Support and Delivery**

**Learning and Development Scheme: Targeted Call**

**APPLICATION FORM**

***Closing date for applications***

**Friday 15 August 2025 17:00h**

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

**Closing date for applications: 17.00 on Friday 15 August, 2025**

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

Please select which type of course you are applying for:

|  |  |
| --- | --- |
| Coaching and Mentoring |  |
|  |  |
| Leadership Development |  |

**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 **using the headings referred to in the Panel Scoring Criteria detailed in Appendix 3 of the Support and Delivery Learning and Development Scheme: Targeted Call 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)** |  |
| **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.

|  |
| --- |
| **Clear personal development needs identified, clear connections between the course and the identified needs, demonstrates full awareness of the need to develop self as part of learning.** |

**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.

|  |
| --- |
|  |

**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 (before 31 Dec 2025) |  |
| Start date of course (before 31 March 2026) |  |
| End date of course |  |
| Cost of the course (including VAT) |  |
| 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 (before 31 Dec 2025) |  |
| Start date of course |  |
| End date of course |  |
| Cost of the course (including VAT) |  |
| Please outline any study leave requirements e.g. Hours per week/month required) |  |

**Please ensure you return this form following completion of the checklist below to:** [Research-training@wales.nhs.uk](mailto: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 15 August 2025.**

|  |  |
| --- | --- |
| **Checklist** | **Yes / No** |
| You fulfil the eligibility criteria as stated within the guidance notes |  |
| You agree to all the terms and conditions as set out in the guidance and eligibility document |  |
| 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 and D Director OR Head of the Support and 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](mailto:Research-training@wales.nhs.uk)