**SWB NHS fellowships**

**Applicant Details**

|  |  |
| --- | --- |
| Name |  |
| Post |  |
| Department |  |
| Date of appointment to SWB |  |
| Contact number |  |
| Email |  |

**Publications in peer reviewed journals (previous 5 years)**

**Research grants applied for** (include title, lead/co-applicant, funding body, amount, year of application)

**Grants awarded** (include award title, lead/co-applicant, funding body, amount, start date).

**Current Research interests**

**Statement of why you are applying for the Fellowship (to include aims of the fellowship) 750 words max.**

**Outline of how this project/proposal aligns with the Trust R&D strategy. (750 words max)**

**How will this proposal further develop academic partnerships and collaborations across the trust, region and nationally (750 words max)**

**How would this proposal benefit our local communities (750 words max)**

**Number of PAs/wte/posts requested**.

**Any other costs requested e.g. training, travel, consumables**

**Statement of Support from Head of Department/Clinical Director**

“I confirm that I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ application for a SWB NHS fellowship and can confirm the release of the applicant from their clinical duties for the sessions stated above”.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant signature**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application forms should be returned to Kelly Hard via email Kellyhard@nhs.net by 04/11/2022. Any queries please contact Kelly Hard (kellyhard@nhs.net) or Derek Connolly (derek.connolly1@nhs.net) or Hoda Harb (hoda.harb@nhs.net)