**BNSSG LAUNCHING FELLOWSHIP 2024 – APPLICATION FORM**

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| Applicant name: |  |
| Current employment: |  |
| Current (most recent previous) University: |  |
| Contact details (address, email and telephone): |  |
| Proposed start date of Fellowship: |  |
| Date PhD awarded (or estimated): |  |
| Proposed topic of research: |  |
| Fellowship schemes or grant awarding bodies that you expect to apply to: |  |
| Proposed supervisor(s): |  |
| **Proposed supervisor(s) from the applicable University.**  *You are expected to have contacted your proposed supervisor(s) prior to making this application to check they are happy to act as your supervisor.*  *If you don’t know who to contact, please see the BNSSG Launching Fellowship Guidance document for further information.* | |
| Please say why you are applying for the BNSSG ICB Launching Fellowship and how this will help you to progress your career in primary care/community/public health/social care research. | |
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| Summary of the programme of work you propose to undertake during the Launching Fellowship to enable you to apply for a prestigious externally funded fellowship or grant. (250 words maximum) | |
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| Please explain briefly how your proposed programme of work aligns to the relevant research themes of the University department/centre (e.g. CAPC, CAMH, CHCR etc.). (250 words maximum) | |
|  | |
| **Please explain briefly how your proposed programme of work aligns to the local or national priorities of the health system e.g., the Healthier Together Integrated Care System. (250 words maximum)** | |
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| Please provide any other information that you think will help the shortlisting and interview panel determine the likely chances of your proposed programme of work leading to an externally funded Fellowship or grant. (200 words max) | |
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| **Supervisor Authorisation** *(confirmation by email is acceptable)* | |
| In my capacity as the lead supervisor of the applicant, I confirm that I support and approve of this application and agree that we can make backfill arrangements where applicable, and arrange line management within the department. | |
| **Name:** |  |
| **Position:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Signature:** |  |
| **Date:** |  |

The BNSSG ICB staff may contact your proposed supervisor for their assessment of your application for Launching Fellowship funding.