

Manchester University NHS Foundation Trust NMAHP Doctoral Fees Only Fellowship Award, 2021

Application Form

Applicant name: <i>Title, Forename, Surname</i>	
ORCID Number, if you have one	
Address for correspondence:	
E-mail address:	
Telephone Number (s):	
Current Job Title:	
Band/Grade:	
Work address (if different from above)	
What service and department do you work in?	
Please provide a brief summary of your role (200 words maximum) Where possible, please indicate how your post is divided between clinical or practitioner duties, administrative and	

managerial, teaching and research duties (as relevant):	
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1. Applicant's CV

This Fees Only Doctoral Fellowship is only available to Nurse/Midwife/Allied Health Professional Consultants or Aspiring Consultants employed within Manchester University NHS Foundation Trust to undertake a doctoral programme and is only available for part time study.

Please note the programme must have the support of the relevant Hospital/MCS/LCO Head of Nursing/Midwifery or AHP Head of Service.

Please ensure that you have provided details of your current registration to enable confirmation of eligibility

Professional Bodies	
Membership Reference	Institution

Professional and Higher Education Qualifications				
Qualification obtained	Institution <i>(name, city, country)</i>	Date commenced	Major field of study	Year completed

Publications (if relevant) indicate whether published, in press, under review or in preparation presented in order: authors, article title, publication name, publication year, volume and pages

Conference presentations and posters (if relevant) include name of presentation/poster, conference title and date

Prizes, awards or other relevant esteem indicators:

Date	Title	Awarding Body

Research Grants: (only include grants for which you are a lead or co-applicant)

Title of grant and awarding body	Role in Research Grant	Total value £	Start date	End date

Please describe your research experience to date (max 500 words)

2. Details of proposed research

Title of proposed Doctorate	
Date of commencement	
Date of completion	
Name of Higher Education Institution (HEI) where the course will be undertaken	
Confirmation of Doctoral eligibility from the HEI – please tick <input type="checkbox"/>	
Name of Doctoral Supervisor	
Please outline the aims of the Doctoral study. <i>(150-200 words)</i>	
Please outline the proposed research methodology. <i>(e.g. survey, experiment, case study, literature review, naturalistic study)</i> <i>(200-300 words)</i>	

Please outline the Doctoral programme requirements and your understanding of the learning outcomes in your own words. (e.g. *Research methods covered / assessments required. 150-200 words*)

Please outline how your research plans aligns to Trust priorities for nursing/midwifery/allied health professionals and why you wish to pursue this project. (150-200 words)

Please outline the anticipated benefits of the study to patients/service users and to your current and future practice. (e.g. *improvements in direct care or how findings will indirectly improve care. 150-200 words*)

Please describe your plans to disseminate the knowledge acquired. (e.g. publications, conference, monograph. 100 to 200 words)

Please state any other relevant information. (e.g. this is part of a larger research project. 100 to 200 words)

3. Supporting Statements

Primary Academic Supervisor

Name:	
Institution:	
Position:	
Email:	
Telephone number:	

Statement of support from Primary Academic Supervisor

Attests to the suitability of you undertaking the Fees Only Doctoral Fellowship and agreement to provide academic supervision.

Signature:	
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Co-supervisors/Advisors

Please ensure that at least one of your supervisors/Advisors is from MFT

Name:	
Institution:	
Position:	
Description of support provided:	
Email:	
Signature:	

Co-supervisor 2 (if any)

Name:	
Institution:	
Position:	
Description of support provided:	
Email:	
Signature:	

4. Costings

Please provide details of any other funding for which you have applied.
Please provide a breakdown of funding requested where applicable. <i>(Insert title of each module to be funded, dates and indicate specific costing for each)</i>
Total Cost

We will need to liaise with the relevant finance person in your university to organise the payments of your fees. Please enter their details below.

5. University Course Finance Contact

Name	
Institution	
Job title	
Email	
Telephone	

6. Agreement from employer

Your line manager and the Head for your department or service must sign this form to approve of your application and the arrangements. Alternatively, they may provide a separate letter of support to be submitted with this application form.

These signatures / letters of support acts as a character reference, provide proof of place of work, provide evidence that the applicants' employer acknowledges their support, confirms they understand, and agrees to support the applicants release from clinical practice.

Applicant Name:	
I can confirm that the applicant has discussed this application with me, I am in support of their application, and arrangements are in place to release them so they can undertake this award.	
Line Manager Signature:	Date:
Line Manager Name:	Position:
Address:	
Post code:	
Telephone number:	Email:

Head of Nursing/Midwifery or AHP Service Approval:

Applicant Name:	
I can confirm that the applicant has discussed this application with me, I am in support of their application, and arrangements are in place to release them so they can undertake this award.	
Head of Nursing/Midwifery or AHP Head of Service Signature:	Date:
Head of Nursing/Midwifery or AHP Head of Service Name:	Position:
Address:	
Post code:	
Telephone number:	Email:

7. Commitment

The Fees Only Doctoral Fellowship requires the following commitment from successful candidates:

- Annual academic progress reports and final report to be completed before fees are released. Annual supervisor's reports will be accepted.
- To publish in peer reviewed academic journals.
- To submit poster/oral presentations to the NMAHP Research Conference and or National/International Conferences.
- All papers or publications must acknowledge the Trust and Manchester Academic Health Science Centre.
- Presentation on your research to the Research Strategic Board on completion of the award

Declaration and signature by applicant:

I confirm that the details and information given on this application form are correct and accurate and no information requested, or other material information has been omitted.

Signed by applicant:

Date:

Completed applications to be submitted to joanna.clark@manchester.ac.uk **before 5pm on the 23rd May 2022**. Relevant signatures (or letters of support) from your primary supervisor, line manager and service/department manager must be submitted along with your application form.

MFT complies with the provision of the Data Protection Act 1998.