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**Scottish Ophthalmology Trainee Research Award**

**Application Form**

Please read the guidance document carefully before completing this application form, in particular the question-specific guidance.

Completed forms should be submitted to:

Mrs Jillian Strachan, NRS Support Officer, Tayside Medical Science Centre, Ninewells Hospital & Medical School, R&D Office, Residency Block, Level 3,

George Pirie Way, Dundee, DD1 9SY

Or be submitted electronically to [jillianstrachan@nhs.net](mailto:jillianstrachan@nhs.net)

Forms should arrive to the address/email address above no later than noon on 27 January 2017with signature page(s) forwarded in hard copy.

**Section A: Your details**

|  |  |
| --- | --- |
| Name: |  |
| Qualifications: |  |
| Current position: |  |
| Start date in current position: |  |
| Date of first appointment as ophthalmology trainee: |  |
| Employer: |  |
| Contact details Email :  Tel: |  |

**Section B: Employment History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Position** | **Responsibilities** | **Start date** | **End date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(please expand table as necessary).

**Section C: Research Experience**

1. Please give details of any previous research experience or training:

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| --- |
|  |

Publications

2. Please list any publications on which you are an author:

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| --- |
|  |

**Section D: Use of Ophthalmology Trainee Award Time**

3. Please describe why you are applying for this Award and the benefits to your career (max 500 words):

|  |
| --- |
| Word count: |

4. Please specify the title of your proposed Research:

|  |
| --- |
|  |

5. Please describe your proposed Research (max 1000 words).

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| --- |
| Word count: |

6. Please describe how any outputs from your proposed Research will influence patient care, impact on the health and wellbeing of patients or current NHS Policy in ophthalmology (max 500 words)**:**

|  |
| --- |
| Word count: |

**Section E: Clinical Support**

7. Please describe how your Clinical Department would ensure that your Ophthalmology Trainee Research Award time will be ring-fenced for research and any additional benefits offered e.g. additional support. This should include details of how your clinical sessions will be backfilled (max 250 words):

|  |
| --- |
| Word count: |

**Section F: details of post and / or funding requested**

8. Financial details

|  |  |
| --- | --- |
| Applicant post and pay point |  |
| Session type |  |

|  |  |
| --- | --- |
|  | 2016/17 |
| Applicant Salary requested 0.2 WTE |  |
| Employers NI and Superannuation contributions |  |
| Total Funding  Requested |  |

**Section G: To be completed by the Mentor**

9. Name and current position:

10. Please detail your skills and experience as a supervisor (300 words). Please also list number of students supervised in the past 3 years:

|  |
| --- |
| Word count: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of Students | Still current | Completed |
| PhDs |  |  |  |
| MDs |  |  |  |
| MScs |  |  |  |

11. Please describe the supervision plan for the project including support, training and skills that will be made available to the candidate (500 words):

|  |
| --- |
| Word Count: |

**Section H:** **Additional Information**

12. If there is anything additional you wish to tell us please detail it here. This could include additional supervision arrangements:

|  |
| --- |
|  |

**Section I: Declarations/ Signatures**

1. **Applicant – by signing below I confirm that the details provided in this form are accurate**

Name…………………………………………………........................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**b. Clinical Director – by signing below I confirm that, if this application is successful, the time requested in Section I will be ring-fenced for the duration of Award**

Name…………………………………………………........................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**c. Mentor - confirmation of support**

Name…………………………………………………........................................

Signature ………...…………………………………………………………………………………. Position……………………………………………….........................................

Date ………………………...........

**Thank you for completing this application form**