**NIHR Applied Research Collaboration South West Peninsula Pre-application Support Fund**

**Application Form**

Please complete this application using the additional guidance document. The deadline to submit your application is 12:00 noon on Friday 14th March 2025.

If you have any questions that are not answered by the guidance, please contact PenARC@exeter.ac.uk quoting “Pre-Application Support Fund Application” in the subject line.

|  |  |  |
| --- | --- | --- |
| 1. | **Name:** |  |
| 2. | **Email address:** |  |
| 3. | **Phone number:** |  |
| 4. | **Employer:** |  |
| 5. | **Current post/job title:** |  | **Grade:** |  |
| 6. | **Professional registration details (if relevant)** |  |
| 7. | **Do you currently hold, or have you previously held, a National Institute for Health and Care Research career development award (please select):** |[ ]
|  | **If yes, please provide brief details:** |
|  |  |
| 8. | **CV (2 sides max). Please either attach as a separate document or include below. Please include:**  |
|  | * **Your qualifications**
* **Your employment history over the past 5 years**
* **Your research experience**
 | * **Any publications (e.g. papers, abstracts, reports)**
* **Any grant funding**
* **Any prizes/awards**
 |
|  |  |
| 9. | **Project alignment with PenARC themes or local NHS priorities (please select all that are relevant):** |
|  | Children’s Health & Maternity |[ ]  Methods for Research & Improvement |[ ]
|  | Complex Care |[ ]  Public Health |[ ]
|  | Dementia |[ ]  Rehabilitation |[ ]
|  | Multiple long-term Conditions (including frailty) |[ ]  Urgent & Emergency Care |[ ]
|  | Mental Health |[ ]   |
|  | Other (please specify): |  |
| 10. | **Outline plans for your future NIHR career development scheme. Please include which programme you are applying for, and when (300 words)** |
|  |  |
| 11. | **Outline how the additional support provided through the Pre-Application Support Fund will enable you to develop and submit the planned application for an NIHR career development scheme (300 words)** |
|  |  |
| 12. | **Proposed days per week** **OR****% FTE and duration of award** |  |
| 13. | **Funding request** |
|  | **Cost category** | **Justification** | **£** |
|  | Salary and oncosts |  |  |
|  | Training and development |  |  |
|  | Supervision and mentoring  |  |  |
|  | PPIE |  |  |
|  | Accessibility |  |  |
|  | **Total request** |  |  |
| 14. | **I have spoken to my line manager, and I can confirm that they support my application and will release me from my current position to complete this award.** |[ ]
|  | **Manager’s name:** |  |
|  | **Manager’s email address:** |  |
| 15. | **Thank you for your application. Please complete the Equality, Diversity and Inclusion questionnaire** [**https://forms.office.com/e/ENyKBpy767**](https://forms.office.com/e/ENyKBpy767) **.** |