**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](mailto:PenARC@exeter.ac.uk?subject=Pre-Application%20Support%20Fund%20Application) quoting “Pre-Application Support Fund Application” in the subject line.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) **.** | | | | | | | | |