**Yorkshire Cancer Research (YCR) Connects NHS Academy Fellowship Application Round 1**

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| **Applicant details** | | |
| Applicant | Name  Address:  Email:  Telephone: | |
| Employing organisation |  | |
| Professional background |  | |
| Current position |  | |
| Approximate breakdown (%) of current appointment | Clinical |  |
| Research time working directly to develop / deliver your own research (Please do not include time employed to deliver research management) |  |
| Teaching |  |
| Administration |  |
| Other |  |
| Degrees  *Include details of the institution, degree, date and award.* | | |
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| Present and previous positions held (most recent first).  *Include details of post, location, dates and % involving research (WTE).* | | |
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| **Publications**  *Provide information on publications, using your own format to include details of Authors, Title, Journal and Date.* |
| 1. Peer-reviewed |
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| 1. Other, including conference presentations and abstracts |
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| 1. Other research outputs |
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| **Research grants held**  *Please give details of the funder, dates, title, team members and amount.* |
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| **Research** |
| Brief description of research undertaken to date. |

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| **Proposed research** **ideas.** |
| In no more than 3 sides of A4 provide details of your research ideas. You can submit more than one research idea.  Outline and justify:   * Why the research is important. * Why it is needed. * The feasibility of the research (consider the participation of sites, recruitment rates, study population). * How it fits with Yorkshire Cancer Research Strategy. * The potential benefits to health care or services, including potential benefits to the patients and public. |

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| What additional support do you require to take forward the research idea(s).  *Include an overview of existing relevant expertise and experience and what you hope to gain from being YCR Connects NHS Academy Fellow.* |
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| **Collaborations for the proposed application?**  Include name, professional background and contribution to proposed research proposal, if contact made. | |
| 1. Existing |  |
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| 1. Required |  |
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| **Referees** |
| Name:  Context known:  Address:  Email:  Telephone:  Signature: |
| Name:  Context known:  Address:  Email:  Telephone:  Signature: |
| Name:  Context known:  Address:  Email:  Telephone:  Signature: |

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| **Signatures required on submission of the application.**  *Required to indicate approval of the application and commitment to providing the support necessary to release the fellow for 2PAs over 2 years.* | |
| Clinical Director | Name:  Address:  Email:  Telephone:  Signature: |
| Research Lead | Name:  Address:  Email:  Telephone:  Signature: |
| Direct Line Manager (If different from above) | Name:  Address:  Email:  Telephone:  Signature: |
| Applicant | Name:  Signature: |