**Application for a 2 Year Senior Fellow Award**

**Funded by the NIHR Oxford Health Biomedical Research Centre (OH BRC)**

**Section 1 – Applicant Details**

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| --- | --- |
| Surname |  |
| Forenames |  |
| Title  |  |
| BRC Theme if applicable |  |
| Position |  |
| Employer |  |
| Department  |  |

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| --- | --- | --- | --- |
| Contact Address |  |  | Telephone Numbers |
|   | Work |  |
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| Mobile |  |
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| Email |  |
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| --- | --- |
| Professional Background  |  |
| Primary Research Field  |  |
| Secondary Research Field  |  |

**Section 2 – Applicant CV**

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| **Academic and Professional Qualifications** |
| Date (mm/yyyy) | Degree or other | Subject | University/Institution |
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| **Present and Previous Employment History**  |
| Start Date | End Date  | Job Title  | Employer  |
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| **Markers of Esteem** Please report any examples of profile, prestige, or professional esteem that have been awarded to you. These should include higher awards and qualifications, prizes or distinctions from professional bodies or patient or healthcare organisations, named lectures, leadership positions etc. |
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| **Grant Income in the last Five Years** Please provide information on grants and projects for which you were the Principal Applicant or Co-Applicant. Date awarded must be between 2015 - 2020  |
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| **Section 3 – Personal Statement**Please describe the key strengths and capabilities that justify the award of BRC Senior Fellow status.Please provide details and examples of how you will use the fellowship, the impact it will have on your career, and the added value of your award within the BRC**.** Please provideevidence of independence or starting to establish independence as a researcher, including establishing collaborations and building research capacity. **Please mention any career breaks that may have impacted on your research with dates/duration. (maximum 1000 words).** |
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**Section 4 – Supporting Information**

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| **Research Leadership potential** Please provide evidence of your leadership potential in translational research, citing roles and other relevant information. If you are a clinician please indicate in percentage terms how your time is divided between clinical and academic activities (e.g. 60% clinical, 40% academic) and whether any of this is funded through the BRC. **(maximum 300 words)**.  |
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| **Patient and Public Involvement in Research** Please provide evidence of how you have integrated patient and public involvement (PPI) into your research and/or how you might propose to in future. Please provide examples of the relevance of your research to patients and the public. Please also describe how you could provide leadership and support capacity development for PPI in research **(maximum 300 words)**. |
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| **Translation into Improvements in Healthcare** Please report any examples of you research which have:* Contributed to NICE guidelines
* Influenced National Service Frameworks
* Changed practice or service delivery locally, nationally or internationally

Please give details describing how this led to improvements in the quality of care to patients, and providing references if possible.If your research is not yet at this translational stage please give details of how in the future it might benefit patients and improve the quality of care. Please indicate the steps and timeline required for this to take place. **(maximum 300 words).** |
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| **Contribution to Growth Agenda**Please list any commercial companies that you are currently collaborating with. **(maximum 300 words).**  |
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**Section 5 – Publications**

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| **Publications Top** Please enter your top publications from the past 5 years ranked from 1-10. These should be publications you consider to be your most important and in which you played a substantial role.  |
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**Section 6 – Referee details**

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| Please provide contact details of two senior academics within Oxford who can comment on your current research and career path.  |
| Surname |  |
| Forenames |  |
| Title  |  |
| Position |  |
| Organisation |  |
| Department  |  |

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| Contact Address |  |  | Telephone Numbers |
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| Surname |  |
| Forenames |  |
| Title  |  |
| Position |  |
| Organisation |  |
| Department  |  |

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| Contact Address |  |  | Telephone Numbers |
|  | Work |  |
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| Mobile |  |
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| Email |  |

**Applicant signature**

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| --- | --- |
| Full name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  Date  |  |

Return your application in **word format** to Marco Pontecorvi marco.pontecorvi@oxfordhealth.nhs.uk by 4 March 2020