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

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| **Applicant details** |
| Applicant | NameAddress: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: |