**NHS England (North-East and Yorkshire)**

**Integrated Clinical Academic Programme Internship Scheme 2023/2024**

**APPLICATION FORM**

Please make sure you have completed all sections of the form before you submit it. We will not accept or process incomplete forms.

Forms submitted after the closing deadline of **5pm on Thursday 9th November 2023** will not be considered so please give yourself enough time to have the relevant discussions and to complete the form.

Please complete this form electronically and return it by email. It is fine to include electronic signatures or insert scans of signatures.

**SECTION 1. To be completed by the Applicant**

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Nationality** |  |
| **Country of Domicile (COD)** |  |
| **Country of Birth (COB)** |  |
| **Length of time in UK if not British nationality** |  |
| **Name of Employer** |  |
| **Job Title** |  |
| **What is your profession?** |  |
| **What is your current agenda for change band?** |  |
| **Address for correspondence** |  |
| **Postcode** |  |
| **Contact email** |  |
| **Contact phone number** |  |
| **Professional registration. Please provide details of your professional registration:**  Registering body (e.g. HCPC):  Registration number:  Date of registration renewal: | |
| **Please describe briefly your current clinical role (max 200 words)** | |

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| --- | --- | --- |
| **Education and Qualifications** | | |
| Please provide details of your qualifications obtained since leaving school with the most recent first. (Add additional rows if required). Please note that as this is an introductory level programme, applicants who have completed a post-registration Masters or PhD award are not eligible for this programme. A pre-registration Masters award is acceptable. | | |
| **Name of institution** | **Dates of attendance** | **Qualification obtained (include class or grade if known)** |
|  | **From:** |  |
| **To:** |
|  | **From:** |  |
| **To:** |
|  | **From:** |  |
| **To:** |
|  | **From:** |  |
| **To:** |

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| **Please state any support required as a consequence of any disability or medical condition** |
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| **Application Questions** (please complete all of the following questions with a **maximum 250 words per question**.) |
| 1. **Please tell us about any research experience you have had to date.** |
| 1. **Why do you want to undertake an internship?** |
| 1. **What are your future career plans and how will the internship help you to achieve them?** |
| 1. **Please outline your ideas for the project that you propose to undertake as a part of the internship** |
| **5. How do you think the internship will enhance your clinical practice?** |

**SECTION 2. To be completed in consultation with your proposed supervisor**

|  |  |  |
| --- | --- | --- |
| **Supervisor’s contact information** | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Host Faculty/centre/school** |  | |
| **Address for correspondence** |  | |
| **Contact email** |  | |
| **Contact phone number** |  | |
| **Please briefly outline your experience of supervising research students (max 250 words)** | | |
| **Please describe broadly how you will provide support for your intern and the experience they will obtain.** | | |
| **Signature** | | **Date** |

**SECTION 3. Supporting statement from employer**

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| **This section is to be completed by the applicant’s line manager and approved by a Director of Nursing / AHP confirming their support for the proposed internship.**  **This should confirm that the intern will be released from their clinical commitments (30 days through the duration of the programme) to undertake this research project, and will be released to attend the teaching events and workshops.**  **It should also confirm agreement to being involved in an initial personal development planning meeting and a final review of the internship.** |
|  |
| **Signature of line manager**: |
| **Date**: |
| **Contact email**: |
| **Signature of Director of Nursing/AHP Lead:** |

**SECTION 4. Declaration from applicant**

|  |  |
| --- | --- |
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted | |
| **Signature:** | **Date:** |

**The deadline for submission is 5pm on Thursday 9th November 2023.**

Please return your completed forms to [icainternships@shu.ac.uk](mailto:icainternships@shu.ac.uk)

**What happens next?**

Based on the information you have provided, we will shortlist applications received against our admissions criteria.

The highest-ranking applicants will be invited to a selection interview. These interviews will be online and are planned for 27th and 28th November 2023 - exact dates/times will be confirmed as soon as possible. Please let us know in your application email if you are unable to be available on these dates (e.g. if away on leave).

Those applicants who have not been shortlisted for interview will be provided with feedback if requested.