**Appendix 1: Post-Doctoral Award – Checklist**

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| **Name:** |  |
| **Area of clinical academic interest:** |  |
| **Contact details:** | **Email:**  **Mobile:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | | | **Evidence submitted (yes/no)** |
| **1. Registration with an appropriate UK regulatory and professional body:**   1. Regulatory/professional body: ………………………………………………………… 2. Registration number: …………………………………………………………………… | | |  |
| **2. Curriculum Vitae (to include confirmation of the following):**   1. Employment with University Hospital Southampton NHS Foundation Trust 2. Minimum of one year’s practice post registration 3. Masters degree equivalent or higher | | |  |
| **3. Cover letter (on headed paper) to include:**   1. Reason for applying for the award and capability to continue on a clinical academic career pathway to a senior level. 2. A description of how area of clinical academic interest aligns with ARC Wessex. 3. Arrangements for mentorship and academic supervision. 4. Intention to work towards application for an externally funded fellowship e.g. NIHR Clinical Lectureship or similar post doc fellowship | | |  |
| **4. Letter of support for secondment from your Line Manager** (on headed paper). To include requested salary costs over period of award to meet release from service. It is also recommended that you liaise with the relevant Divisional Head of Research. | | |  |
| **5. Letter of support from your proposed academic supervisor (on headed paper)** | | |  |
| **6. Illustrated alignment of project with respective themes and clinical needs.**   1. With ARC related themes (Ageing and dementia, Healthy communities, Long term conditions and a cross cutting theme Workforce and health systems). 2. Team/service clinical priorities and needs. | | |  |
| **7. Evidence of completion of Doctorate OR letter from your supervisor detailing intended submission date** | | |  |
| **8. A list of outcomes to be achieved by end of award, detailed outline of research to meet these outcomes, and an accompanying learning and development plan for the award period.** | | |  |
| I can confirm that I meet the criteria for the award and I have submitted all of the evidence described above. | | | |
| **Signed:** | **Date:** |  | |