**Appendix 1: Transitional/Bridging Award – Checklist**

|  |  |
| --- | --- |
| **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.
2. An overview of the benefits and learning which will be gained by undertaking the transitional/bridging award, and how these will benefit the service you work in (as discussed with your line manager).
3. Understanding of how clinical practice and research can improve the quality of patient care.
4. Outcomes that will be achieved by the end of the transitional/bridging award and how these address team/service clinical priorities and needs (as discussed with your line manager).
 |  |
| **4. Letter of support from your Line Manager** (on headed paper). |  |
| **5. Letter of support from your clinical 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. A detailed spending plan for the £15,000 budget for the award period.**(Please ensure your spending plan has been checked by the UHS Grants team) |  |
| I can confirm that I meet the criteria for the award and I have submitted all of the evidence described above. |
| **Signed:** | **Date:** |  |