# Fellowship Expression of Interest

This Expression of Interest (EOI) form should be completed by anyone considering an application for an external fellowship, at any level, through either:

* University of Southampton’s Faculty of Medicine or School of Health Sciences (Faculty of Environmental and Life Sciences), *or*
* University Hospital Southampton, *or*
* other local NHS Trust

The information you provide will enable your Faculty/School and Trust to guide you and, where appropriate, to provide ongoing support for your application and project.

# Fellowship Expression of Interest Process

Please complete the form as fully as possible; there will be later opportunities to resolve unknown details. Return the form **with a short academic CV** to the proposed employing organisation, i.e. the proposed host organisation for the fellowship**.** (In the case of Trusts other than UHS, please send to University of Southampton, regardless of employing organisation.)

* University Hospital Southampton: [researchgrants@uhs.nhs.uk](mailto:ResearchGrants@uhs.nhs.uk)
* University of Southampton *or* other NHS Trust:
  + Faculty of Medicine: [biomedicalresearch@soton.ac.uk](mailto:biomedicalresearch@soton.ac.uk) (resmed) *or*
  + School of Health Sciences (Faculty of Environmental and Life Sciences): [hsapp@soton.ac.uk](mailto:hsapp@soton.ac.uk)

The EOIs will be reviewed by either the relevant University fellowship champion(s) or the Director of Southampton Academy of Research (SoAR) for University Hospital Southampton hosted fellowships. The reviewer(s) will suggest appropriate next steps and identify where applicants can find suitable support.

**Important Information:**

* To help coordinate support, the applicant’s information may be shared between a Faculty/School and a Trust.
  + If you **DO NOT** want your EOI to be shared with a particular organisation please highlight this in your email when you submit the EOI.
* The Faculty/School and University Hospital Southampton aim to provide support provided the EOI is submitted **at least 12 weeks before the funder deadline**.
* Developing a robust proposal takes a long time and applicants are encouraged to submit an EOI as early as possible. Applicants should allow a minimum of six months or, ideally, a year for writing the application, in order to take full advantage of all possible training, mentoring and support available.
* The Faculty of Medicine, the School of Health Sciences and the University Hospital Southampton reserve the right not to approve applications from applicants who have not followed this process.

# Fellowship Expression of Interest Form

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| **Applicant Information** | **Applicant Name** | | Click or tap here to enter text. | |
| **Career Stage** | | Pre-doctoral/[Training (for PhD students) / Early Career / Transition to independence / Transition to leadership / Established leader](https://mrc.ukri.org/skills-careers/skills-needed-to-win-support/)  Click or tap here to enter text. | |
| **Current employer** | | University of Southampton ***or***named NHS Trust  Click or tap here to enter text. | |
| **Current Faculty/School (UoS) or Division (Trust)** | | Click or tap here to enter text. | |
| **Current job/role(s)** | | *Title of current post*  Click or tap here to enter text. | |
| Select relevant role(s)  Clinical  Research  Education | |
| **Current line manager**  **Please also confirm that you have discussed your intention to apply for a fellowship with your current line manager** | | Name: Click or tap here to enter text.  Job title: Click or tap here to enter text.  Contact details: Click or tap here to enter text. | |
| **Fellowship details** | **Proposed funder and scheme (if known)** | | *Proposed funder:* Click or tap here to enter text. | |
| *Proposed scheme:* Click or tap here to enter text. | |
| *Are you considering any other funders/schemes? If yes, who?*  Click or tap here to enter text. | |
| **Anticipated submission date (if known)** | | Click or tap to enter a date. | |
| **Duration of proposed fellowship and % of your time it will take (wte)** | | Click here to enter text. | |
| **Details of any additional academic institutions or NHS Trusts to be involved** | | Click or tap here to enter text. | |
| **Proposed Supervisor/Mentor /Scientific advisor** | | *If you can, please provide names of supervisors/mentors/scientific advisors you think might potentially play a role in your fellowship application*  Click or tap here to enter text. | |
| **Proposed working title of research project** | | Click or tap here to enter text. | |
| **Details of the proposed research project**  **Please provide a short summary of the proposed research and its importance** *maximum**word count: 100 words* ***Click or tap here to enter text.*** | | Click here to enter text. | |
| **Additional information**  *If you have any relevant information you think we should know about you application please enter this here i.e. if this is a resubmission and you have been able to work on feedback from the funder* | | Click or tap here to enter text. | |
| ***For external applicants only (i.e. not UoS, UHS or other local NHS Trust):***  **Why have you chosen to undertake your Fellowship in Southampton?**  *suggested word count: 200 words* | | Click or tap here to enter text. | |
| **Fellowship host information**  Please complete **only** the green column if University of Southampton will employ you during your proposed fellowship - University of Southampton will be your anticipated employer.  Complete **only** the blue column if University Hospital Southampton or another NHS Trust will employ you during your proposed fellowship – NHS will be your anticipated employer.  If your fellowship requires **both** an academic host (university of Southampton) **and** a clinical Trust partner (for example the NIHR Integrated Clinical Academic fellowships scheme, including Pre-doctoral Clinical Academic Fellowships) then please complete **both** green **and** blue columns. | | | | |
| **Anticipated employer – choose either UoS *or* NHS Trust unless your identified scheme requires both** | | University of Southampton  Click or tap here to enter text. | | NHS Trust *(specify)*  Click or tap here to enter text. |
| **UoS Faculty / NHS Trust Division** | | Choose an item. | | Choose an item. |
| **UoS School / NHS Care group** | | Select:  Choose an item. | | Care group *(specify)*  Click or tap here to enter text. |
| **Anticipated Faculty/School research group or theme** | | Specify:  Click or tap here to enter text.  Have you discussed your intention to apply for a fellowship with the head of research group or theme lead?  Choose an item. | | Not applicable for Trust |

If you have any feedback regarding this form and the EOI process, please send to [biomedicalresearch@soton.ac.uk](mailto:biomedicalresearch@soton.ac.uk) or [researchgrants@uhs.nhs.uk](mailto:researchgrants@uhs.nhs.uk)