Clinical Research Network

Wessex



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| **Research Fellow Application Form 2018/19****Please do not alter the formatting of this form or delete / add sections** |
| **Existing CRN Wessex Research Fellow YES/NO** |
| Name of research fellow: |  |
| Trust: |  |
| Research supervisor(s): |  |
| Department: |  |
| Specialty / Division: |  |
| Proposed start date: |  |
| Please describe the post: (activities undertaken etc.)*Max 200 words* |
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| Please describe the supervisory team (previous history of fellowships, details of supervisory support etc.)*Max 100 words* |
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| What educational and training opportunities will be available to support the fellowship? (e.g. research methodology training, clinical experience etc.)*Max 100 words* |
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| What activities other than research recruitment to portfolio studies are expected of the fellow in this post (e.g. contribution to on call rota) and what will be the commitment to their activities.*Max 200 words* |
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| How is this post funded? (Please state funding source(s) in addition to CRN funding, which is currently to a maximum of £20K per fellow per year)*Max 100 words* |
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| Is this post able to support the fellow in achieving the core CRN research fellow competencies? (See guidance) |
| YES or NO |
| Will the fellow be able to regularly attend the CRN Wessex Research Fellow Programme and be capable of submitting annual progress reports? (Appendix A) |
| YES or NO |
| What outputs are expected from this post (publications, grant applications etc.)*Max 100 words* |
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| Please list outputs from previous research fellows (if applicable)*Max 100 words* |
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| **Name** | **Designation** | **Signature**  | **Date** |
|  | Supervisor |  |  |
|  | Supervisor |  |  |
|  | R&D Manager |  |  |
|  | Finance Manager |  |  |