



Ymchwil Iechyd  
a Gofal **Cymru**  
Health and Care  
Research **Wales**



Llywodraeth Cymru  
Welsh Government

# Health and Care Research Wales NHS Research Time Award 2019

## Application Form

Please read the Scheme Overview Guidance and Guidance for Completing Application Form documents before completing this form.

The Application Form should be submitted electronically with authorised signatures (scanned or electronic) to the address below by 5pm on Thursday 17 October 2019, **from your R&D office**:

[healthandcareresearchgrants@gov.wales](mailto:healthandcareresearchgrants@gov.wales)

If you would like to discuss your application prior to submission, please contact Health and Care Research Wales at the above address.

## Section A: Applicant Details

|                                 |  |
|---------------------------------|--|
| Title:                          |  |
| Name:                           |  |
| Work contact address:           |  |
| Email address:                  |  |
| Contact telephone number:       |  |
| Current job title:              |  |
| Highest academic qualification: |  |

|                           |  |
|---------------------------|--|
| Health Board/Trust:       |  |
| Finance Officer:          |  |
| Contact telephone number: |  |
| Email address:            |  |



## Section B: Employment history

| Employer | Position | Responsibilities | Start date | End date |
|----------|----------|------------------|------------|----------|
|          |          |                  |            |          |
|          |          |                  |            |          |
|          |          |                  |            |          |
|          |          |                  |            |          |

(Please expand table as necessary).

## Section C: Research Interests

Please describe the area/s of research in which you are interested.  
(*Maximum: 200 words*)

## Section D: Research Experience

Please give brief details of any previous research experience. Please include any prizes, grant awards and other academic distinctions you have gained in the last 5 years. If you currently hold grants, please also list these and indicate the time you have allocated to them (**Maximum: 1,000 words**)

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Please state where you currently see yourself on a research career pathway, and where you hope to be by the end of the award. (***Maximum: 300 words***)

## Section E: Use of NHS Research Time Award

Please describe the research and training activities you will be involved in if you are awarded a NHS Research Time Award. (*Maximum: 1,000 words*)

## Section F: NHS and Patient / Public Need

Please describe the likely impact of the activities set out above on the health and wellbeing of patients, service users, and carers in Wales (**Maximum: 400 words**)

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## Section G: Post-Award Plans

Please describe your post-award plans and explain how you think the NHS Research Time Award will contribute to your research career development.  
*(Maximum: 400 words)*

## Section H: Health Board / Trust support

Research and Development Director:

|                           |  |
|---------------------------|--|
| Name:                     |  |
| Health Board / Trust:     |  |
| Contact address:          |  |
| Email address:            |  |
| Contact telephone number: |  |

Clinical Director or equivalent:

|                           |  |
|---------------------------|--|
| Name:                     |  |
| Health Board / Trust:     |  |
| Contact address:          |  |
| Email address:            |  |
| Contact telephone number: |  |

Please outline your current clinical commitments and explain how these will be covered if you are awarded a NHS Research Time Award (*max. 300 words*)

|  |
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## Section I: Research Environment

Academic Supervisor(s) information:

Supervisor name and title:

(Duplicate as necessary)

Research group:

Name

Contact address

Please describe how the Academic Supervisor and Research Group will support your overall development through the duration of the award.

**(Maximum: 400 words)**

## Section J: Costs

Please complete the following tables:

|                                 |  |
|---------------------------------|--|
| Grade:                          |  |
| Spine point:                    |  |
| Hours worked per week:          |  |
| Current salary:                 |  |
| WTE requested (0.1 or 0.2 WTE): |  |
| Proposed award start date:      |  |
| Length of award requested:      |  |

### Cost breakdown table: salary (including on-costs), overheads, training and travel and subsistence

|  | Year 1 | Year 2 | Year 3 | Total             |
|--|--------|--------|--------|-------------------|
| Salary (incl. on-costs)                    |        |        |        |                   |
| Salary (incl. on costs) @ 0.1WTE           |        |        |        |                   |
| Salary (incl. on costs) @ 0.2 WTE          |        |        |        |                   |
| Overheads @ 8% of requested salary element |        |        |        |                   |
| <b>Sub-total:</b>                          |        |        |        |                   |
| Training costs                             |        |        |        |                   |
| T & S costs                                |        |        |        |                   |
|  |        |        |        | <b>Sub-total:</b> |
|  |        |        |        | <b>Total:</b>     |

## Section K: Declarations

### 1. Applicant

*I declare that I have completed the application form in accordance with the guidance notes and that the information provided is accurate to the best of my knowledge.*

FULL NAME:

SIGNATURE:

Date:

### 2. Research and Development Director - Health Board/Trust confirmation and statement of support

Please describe how, if successful, your organisation will support the Applicant in their aspirations. **(Maximum: 400 words)**

*I support this application and declare that should the application be successful time will be ring fenced for research activities and clinical duties covered as set out in Section H.*

FULL NAME:

SIGNATURE:

DATE:

### **3. Clinical Director or equivalent - Health Board, Trust or NHS organisation employer**

*I support this application and declare that should the application be successful time will be ring fenced for research activities and clinical duties covered as set out in Section H.*

FULL NAME:

HEALTH BOARD / TRUST:

SIGNATURE:

DATE:

### **4. Academic Supervisor - confirmation of support**

(Duplicate as necessary)

*I declare that should the application be successful I will act as the applicant's Academic Supervisor and support the applicant as described in the application.*

FULL NAME:

INSTITUTION:

SIGNATURE:

DATE:

## Section L: Academic Supervisor(s) CVs

### Supervisor CV

|   |  |
|---|--|
| Title:  |  |
| Name:   |  |
| Institution:  |  |
| Address:  |  |
| Phone:  |  |
| E-mail:   |  |
| Current job held:   |  |
| Research experience:  |  |
| Qualifications:   |  |
| Work history (please provide relevant dates and description of role/s): |  |
| Significant grants won:   |  |
| Publications:   |  |

(Add rows / Duplicate as necessary)

**Thank you for completing this application form.**

The Application Form should be submitted electronically **from your R&D office with authorised signatures** (scanned or electronic) to the address below by 5pm on **Thursday 17 October 2019**:

[healthandcareresearchgrants@gov.wales](mailto:healthandcareresearchgrants@gov.wales)

***NB: Health and Care Research Wales will not follow up with the applicant if this form is not completed in full or if it is incorrect. Such applications may be automatically rejected. Applications submitted without appropriate signatures will be automatically rejected.***

If you would like to discuss your application prior to submission, please contact Health and Care Research Wales at the above address.

## Privacy Notice – Welsh Government Grants

The Welsh Government provides a wide range of grant schemes to help deliver our policies and create a fairer, more prosperous Wales.

The Welsh Government will be data controller for any personal data you provide in relation to your grant application or request for grant funding. The information will be processed as part of our public task (i.e. exercising our official authority to undertake the core role and functions of the Welsh Government) and will help us assess your eligibility for funding.

Before we provide grant funding to you, we undertake checks for the purposes of preventing fraud and money laundering, and to verify your identity. These checks require us to process personal data about you to third party fraud prevention agencies.

If we, or a fraud prevention agency, determine that you pose a fraud or money laundering risk, we may refuse to provide the grant funding you applied for, or we may stop providing existing grant funding to you. A record of any fraud or money laundering risk will be retained by the fraud prevention agencies, and may result in others refusing to provide services, financing or employment to you.

We will keep personal information contained in files in line with our retention policy. If successful in your application then your personal data will be kept for 7 years after the date when you, as grant recipient, are free from all conditions relating to the grant awarded and all payment have been made. However, if the funding is awarded under General Block Exemption or De Minimis, your personal data will be kept for 10 years from the conclusion of any aid award. If you are unsuccessful your details will be kept for one year after the date you provided them.

Under the data protection legislation, you have the right:

- to access the personal data the Welsh Government holds on you;
- require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to lodge a complaint with the Information Commissioner's Office (ICO) who is the independent regulator for data protection

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the GDPR, please see contact details below:

Data Protection Officer:  
Welsh Government  
Cathays Park  
CARDIFF  
CF10 3NQ



Email Address: [Data.ProtectionOfficer@gov.wales](mailto:Data.ProtectionOfficer@gov.wales)

The contact details for the Information Commissioner's Office are:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Telephone: 01625 545 745 or 0303 123 1113

Website: [www.ico.gov.uk](http://www.ico.gov.uk)