**NATIONAL INSTITUTE FOR HEALTH RESEARCH**

**SCHOOL FOR SOCIAL CARE RESEARCH**

**Building Research Capacity in Adult Social Care**

**PROPOSAL FORM**

1. **APPLICANT’S INFORMATION**

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| --- | --- |
| **Applicant’s details** | |
| Surname |  |
| Forename |  |
| Title |  |
| Post(s) held |  |
| Organisation |  |
| Contact address |  |
| Contact email |  |
| Contact telephone number |  |

1. **TRAINING**

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| --- | --- | --- |
| **Please provide information on your education and training** | **400 words max** | |
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| **Are you registered for or undertaking a research doctorate (PhD/MD/DPhil) at the time of making this application and, if so, what degree are you registered for?**  **(N.B. NIHR SSCR reserves the right to change start dates for this capacity development award prior to contracting depending on circumstance.)** | | |
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| **If Yes, what is the title of the thesis?** | | |
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| **What is the date of registration and expected completion date?** | | |
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| **Are you registered full or part time?** | | |
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| **Briefly describe the work you have done so far for this degree and its impact on being able to complete the thesis and, if any, on adult social care** | | **100 words max** |
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1. **RESEARCH EXPERIENCE**

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| **Please provide information on your current research experience** | **500 words max** |
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1. **CURRENT CAREER TRACK**

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| **Overview of your career plans and how funding from NIHR SSCR will support these** | **500 words max** |
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1. **SHORT TITLE**

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| **Please provide a short title for your proposed project** | **20 words max** |
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1. **PROPOSED ACTIVITIES**

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| **Background to the proposed plan of work**  **(Please indicate the context of adult social care and the knowledge gaps that relate to your proposed plan of work.)** | **200 words max** |
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| **Aims and objectives of the proposed plan of work** | **300 words max** |
| *What are your aims for this work in terms of research capacity development and supporting you to move towards being an independent researcher in adult social care?*  *As appropriate, what is the research question/focus for your research capacity development?* | |

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| **Plan of work** | **800 words max** |
| *How will you deliver the aims and objectives above? As appropriate you should detail the robust research methods that will be used to address the research question/focus.*  *You should detail if any of this work has already begun.*  *This should include the organisation support that you will have for completing this plan of work, for example supervision, mentoring, training, and/or access to resources.* | |

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| **Describe the environment in which you will carry out your proposed work and support you will receive/seek** | **300 words max** |
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| **Training activities** | **300 words max** |
| *Please set out details of any training that will be undertaken as part of your workplan* | |
| **What are your personal learning objectives for this award?** | **300 words max** |
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| **Will users, carers and/or practitioners be involved in your work? If so in what way?** | **200 words max** |
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| **Are there any research governance or ethics implications of your proposed work? If so, what are they?** | **200 words max** |
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| **What are the expected outcomes from your proposed work? What are your criteria for success from your proposed work?** | **300 words max** |
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| **Describe your plans for future activities arising as a result of your proposed work.** | **500 words max** |
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| **Indicative timetable and milestones for your work** | **300 words max** |
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| **Resources requested with detailed justification** | **300 words max** |
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1. **INSTITUTIONAL SUPPORT**

*For completion by supervisor*

*Please provide the same information for a second supervisor if applicable*

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| **Supporter’s Details** | |
| Surname |  |
| Forename |  |
| Title |  |
| Post(s) held |  |
| Organisation |  |
| Contact address |  |
| Contact email |  |
| Contact telephone number |  |
| Support role in this proposal |  |

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| **Please set out the capacity in which you know the applicant** |
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| **Please set out expected support in the medium and longer-term for the applicant** |
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1. **DECLARATIONS**

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| **Applicant** |
| I confirm that the information given on this form is complete and correct, and that I shall be actively engaged in the work of this project and responsible for its overall management.  Signature:  Name:  Date: |

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| **Supervisor** |
| I confirm that I read the details of this application. I am willing to act as the applicant’s academic supervisor for research and career development.  Signature:  Name:  Position:  Date: |

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| **Supervisor 2 (if applicable)** |
| I confirm that I read the details of this application. I am willing to act as the applicant’s second academic supervisor for research and career development.  Signature:  Name:  Position:  Date: |

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| **Head of Department or other authorised signatory** |
| I confirm that I read the details of this application and confirm that the host institution would be willing to accept this award if funding is approved by NIHR SSCR and would support the candidate’s planned activities.  Signature:  Name:  Position:  Date: |