

Florence Nightingale Foundation Research Scholarships

Application form

Please note this is an updated application form (28/08/18). Closing date: 14th October 2018 at 17.00hrs (EXTENDED).

INSTRUCTIONS FOR COMPLETION:

Research Internships: complete parts 1, 2, 3, 4, 4A, 5, 6, 7, 8

Research Scholarship (Commissioned) St Barnabas House: complete parts 1, 2, 3, 4, 4B, 5, 6, 7, 8

Research Scholarships (Masters dissertation/PhD fees): complete parts 1, 2, 3, 4, 4C, 5, 6, 7, 8

Part 1 – Personal Details

Personal information										
Florence Nightingale Foundation Alumnus	Yes			<input type="checkbox"/>	No			<input type="checkbox"/>		
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>		
	Other (please specify)									
First Name										
Last Name										
Known as										
NMC Registration Number										
Job Title										
NHS pay band or equivalent										

Part 2 – Employing Organisation

Your Work Address Line 1			
Your Work Address Line 2			
Your Work City/Town		Your Work Postcode	
Your Work County			
Your Work Country			
Your Work Phone. No			
Your Work Email			
Your PA name (if applicable)			
Your PA email address (if applicable)			
Your PA phone number (if applicable)			
Your Personal Email*			
Date of Birth			
Mobile Phone No.			
Twitter		LinkedIn	
Name of your Chief Nurse/Director of Nursing			
Email address of your Chief Nurse/Director of Nursing			

*This enables us to keep in touch with you if you should move organisations.

Your organisation's sector:							
NHS	<input type="checkbox"/>					Independent	<input type="checkbox"/>
Please specify sector		Charity	<input type="checkbox"/>	Military	<input type="checkbox"/>	Please specify company	
Education	<input type="checkbox"/>	Other	<input type="checkbox"/>	If other, please specify:			
The size of your organisation's workforce							
0 to 49	<input type="checkbox"/>	50 to 249	<input type="checkbox"/>	250 to 999	<input type="checkbox"/>	1,000 to 9,999	<input type="checkbox"/>
Please briefly describe your current role, highlighting your responsibilities (300 words max)							
Have you benefitted from Florence Nightingale funding previously?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Part 3 – Professional and Higher Education

Qualification	Institution (name, city, country)	Date commenced and completed	Major field of study

Part 4 – Research

- 1) Why are you applying for a Research Internship/Scholarship now and how is it relevant to your career trajectory? (500 words max)

- 2) How will this Research Internship/Scholarship impact on your clinical practice and improve patient and health outcomes? (200 words max)

3) Have you applied for any research funding in the last twelve months? If so, please state the organisation, the amount applied for and the outcome.

PART 4A – Research Internships

1. Which Research Internship are you particularly interested in?

2. Why do you feel this research area is important? (200 words max)

3. Which particular aspects of the research problem and methodology would you like to focus on (300 words max)

4. What do you hope to achieve during the course of your Research Internship? (200 words max)

5. What are your clinical academic career aspirations over the next 5 years and how will this FNF Research Internship help you achieve these? (200 words max)

PART 4B – Research Scholarships (Commissioned) St Barnabas House

- 1. Please describe how you will use your experience to support St Barnabas House develop its clinical research capability and capacity (300 words max)**

- 2. Please describe your draft plan to support St Barnabas House (300 words max)**

PART 4C – Research Scholarships (Masters Dissertation / PhD Fees

Please state if you are requesting funding for your Masters dissertation or PhD

Please state the title of your Masters dissertation/PhD

Please describe how your research aligns to the advertised Research Scholarships (200 words max)

Please state the amount of funding you are seeking

Please state your university for this Masters/PhD

Please state the expected date of completion for your Masters dissertation/PhD

Part 5 – Terms and conditions

- 1) All applications submitted for the selection process must be accompanied by this completed application form, the nominator signature form and signed terms and conditions.
- 2) Florence Nightingale Foundation holds all participants' application details in confidence and in line with the requirements of the Data Protection Act 1998 to ensure GDPR compliance.
- 3) I will agree to be an Alumnus of the Foundation on completion (current annual subscription £50).

CANCELLATION POLICY

As a not-for-profit organisation it is crucial that Florence Nightingale Foundation recover any programme costs in the event of a scholar withdrawing from the scholarship.

Please sign below to accept cancellation policy

Name of Applicant			
Signature		Date	

Agree terms and conditions

I agree to the terms and conditions as set out above:

Name	
Signature	
Date	

Part 7 – Diversity Form

We are keen to develop diversity in all areas. By completing this form you are helping us to build a picture of those applying and attending our programmes. The information collected is stored on our database and not shared with any third parties.

Your responses to this form will in no way affect your application process.

Nationality (Please tick one box only and specify country of origin)									
British	<input type="checkbox"/>	European (Non-British)	<input type="checkbox"/>	Middle East	<input type="checkbox"/>	South Asia	<input type="checkbox"/>	Australasia	<input type="checkbox"/>
North America	<input type="checkbox"/>	South America	<input type="checkbox"/>	Africa	<input type="checkbox"/>	South Africa	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Please specify country of origin									

Ethnicity (Please tick one box only)			
White/White British			
White	<input type="checkbox"/>	Other (please specify)	
Mixed/Dual Heritage			
Mixed	<input type="checkbox"/>	Any other mixed/multiple ethnic background (please specify)	
Asian			
South Asia	<input type="checkbox"/>	South East Asia	<input type="checkbox"/>
East Asia	<input type="checkbox"/>	Other (please specify)	
Black			
African	<input type="checkbox"/>	Any other Black/African	<input type="checkbox"/>
Caribbean background	<input type="checkbox"/>	Other (please specify)	
Other Ethnic Group			
Arab	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
		Please specify	
Prefer not to say:	<input type="checkbox"/>		

Religion (Please tick one box only)									
Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other (please specify)							
Prefer not to say			<input type="checkbox"/>						

Gender (Please tick one box only)					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Age (Please tick one box only)									
18 to 24	<input type="checkbox"/>	25 - 34	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>
65 and over	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>						

Part 8 - Programme administration

In order to stimulate the networking process for participants, we ask that you send us a short biography. Please note, biographies and answers will be edited for consistency and style.

Short biography

- ♥ No longer than 150 words.
- ♥ Include information on your current and previous roles and interests
- ♥ Write in the third person
- ♥ Clarify any abbreviations used

Emergency contact details

Contact name		Relationship	
Telephone no.		Mobile no.	

Special Requirements

None	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Coeliac	<input type="checkbox"/>
Halal	<input type="checkbox"/>	Kosher	<input type="checkbox"/>						
Other dietary requirements or food allergies:									
Do you have a:		Disability	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Medical Condition(s)	<input type="checkbox"/>	
If yes, please provide details:									

Home address

Address Line 1			
Address Line 2			
City/Town		Post Code	
Country			