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 **Application for NIHR Applied Research Collaboration West Midlands**

**Pre-Application Support Fund**

Please complete all sections of this application form.

You should consult the guidance notes for this scheme before beginning the form.

**1. Applicant Details:**

Name:

Current position:

Professional group:

Substantive employer:

Current %FTE:

Banding:

End date of current appointment:

E-mail address:

Contact number:

Name of manager and contact details:

Proposed start date:

Proposed end date:

**2. Which NIHR fellowship scheme will this funding (if awarded) allow you to apply for?**

Predoctoral level

Predoctoral Award [ ]

Doctoral Level

Doctoral Award [ ]

Postdoctoral Level

Development and Skills Enhancement (DSE) Award [ ]

Postdoctoral Award [ ]

Efficacy and Mechanism Evaluation (EME) and Advanced Fellowship (EME-AF) [ ]

Population Health Career Scientist Award (PHCSA) [ ]

Senior Clinical and Practitioner Research Award (SCPRA) [ ]

Research Professorship (RP) [ ]

Senior Investigators (SI) [ ]

Other career development awards

Clinical Academic Research Partnerships (CARP) [ ]

**Do you intend to apply for any additional funding or awards (e.g. fellowships from charities) in addition to the one indicated above?**

**3. Summarise your professional career to date.**

*Please include details of your qualifications and briefly describe any research experience. You may also indicate any career breaks in this section (up to 300 words)*

**4. This award will require you to dedicate a fixed proportion of your working week to developing a competitive NIHR fellowship application. You may do this by your employer backfilling your current duties, or if you are part-time, by temporarily increasing your working hours.**

*Please give details of the conversations you have had with your manager and employer about how they intend to support you to undertake this award if funded.*

**5. Outline how this award would enable you to develop a more competitive NIHR fellowship application.**

*You should reference your previous research experience, how you will use the funds, and why now is the right time for this support. You should discuss whether you currently have any research time allowed/funded in your job plan. (up to 350 words)*

**6. Proposed title of the research project you plan to carry out with this award?**

*This does not need to be final, just a working title.*

**7. ARCWM has eight research themes. There is no expectation that your research plans must fit within one of these themes, but please indicate below if you think your proposed work does fit within one or more of these areas.**

Long term conditions [ ]

Acute care interfaces [ ]

Integrated Care in Youth Mental Health [ ]

Maternity Services [ ]

Organisational Science [ ]

Research Methodology, Informatics and Rapid Response [ ]

Public Health [ ]

Social Care [ ]

I don’t think my proposed research fits into one of these themes [ ]

**8. Please provide an overview of the work you would carry out with the Pre-Application Support Fund award.**

*You should include background to the area and work you have already carried out in preparation for an NIHR career development application, a brief summary of the work you propose to include in this future NIHR career development fellowship, plans for patient and public involvement and research inclusion (and any work to date), a training plan, a clear timeline including the preparation of an NIHR career development application.**Note: awards can begin from 1st September 2025 and all funding from this award must be spent by 31st March 2026. (up to 500 words)*

**9. Please explain your choice of hosting department(s) and supervisor(s) and expected arrangements for supervision for your planned NIHR fellowship application (if known).**

*NIHR and other funding bodies will require information on where the funding for your planned research will be hosted. NIHR applications usually require an NHS & HEI hosting and partnership organisation. Please document who you have identified so far who is in support of your project idea (up to 300 words). If you require support from ARCWM to identify suitable supervisors, please contact us.*

**10. Please provide a breakdown of costs requested, including a justification.**

*Allowable costs are salary at current band/grade, patient and public involvement and engagement, training/conference attendance, supervision/mentoring.*

**11. Do you require any reasonable adjustments or additional support in the development of competitive NIHR career development application as a result of a health condition, disability or caring responsibilities (beyond usual care costs).**

*If so, please outline the adjustments or extra resources required, including expected costs. This will not influence the likelihood of the success of your application.*

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| **12. Declarations****Lead applicant**I can confirm that the information given on this form is complete and correct and I shall be responsible for its overall management.Name:Signed:Date: **(Lead applicant)** |
| **Line manager** I confirm that I am currently the line-manager of the Lead Applicant. I confirm that I have read this application and that, if funded, I will be happy for the applicant to undertake the work as part of their role. Name: Signed:Date:  |

**Please send your completed and signed (electronic signature) application form to****mds-c-arcwm@adf.bham.ac.uk** **by 5pm on Monday 30th June 2025.**

**17. Monitoring questions - optional**

The following questions are optional to complete and will not be used to assess your application. They will only be used for monitoring purposes. Monitoring enables us to see what is happening in practice, to set any targets for improvements, and measure progress.

**Age:**

18-25 ☐

26-35 ☐

36-45 ☐

46-55 ☐

56-65 ☐

66 and above ☐

Prefer not to say ☐

**Gender:**

Woman ☐

Man ☐

Transgender ☐

Non-binary or non-conforming ☐

Prefer not to say ☐

Prefer to self-identify as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Group:**

Asian or Asian British ☐

Black, African, Caribbean or Black British ☐

Mixed or multiple ethnic groups ☐

White ☐

Other ethnic group ☐

Prefer not to say ☐

Prefer to self-identify as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability: Do you consider yourself to have a disability?**

Yes ☐

No ☐

Prefer not to say ☐

**Caring responsibilities: Do you have any caring responsibilities? (If you share care responsibilities equally then please answer as the primary carer)**

Primary carer for a child or children under the age of 18 ☐

Primary carer for a child or children under the age of 18 who is disabled or has a health condition, or illness, or temporary care needs ☐

Primary carer or assistant for a disabled adult or adults aged 18 or over ☐

Primary carer or assistant for a disabled adult or adults aged 65 or over ☐

Secondary carer (another person carries out the main caring role) ☐

None of the above ☐

Prefer not to say ☐