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**Integrated Clinical Academic Schemes**

**Application Form**

***Please ensure that your Application, Professional CV and Letter of Support from your employer are submitted as one pdf document with the file name of London\_HEEICA followed by your name.***

Please indicate which scheme you are applying for:

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| --- | --- |
| **Internship** |  |
| **Pre-doctoral bridging scheme** |  |
| **Post-doctoral bridging scheme** |  |

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| **PERSONAL INFORMATION** | |
| First Name |  |
| Surname |  |
| Email Address |  |
| Contact number |  |
| **PROFESSIONAL INFORMATION** | |
| Profession | Please delete as appropriate:  Arts Therapist  Biomedical Scientist  Chiropodist  Podiatrist  Clinical Scientist  Dietician  Hearing Aid Dispensers  Occupational Therapist  Operating Department Practitioner  Orthoptist  Paramedic  Physiotherapist  Practitioner Psychologist  Prosthetists / orthotists  Radiographer  Diagnostic Radiographer  Therapeutic Radiographer  Speech and Language Therapist  Nurse  Other (state): |
| Registering Professional Body |  |
| Registration Number |  |
| Current Employer |  |
| Current Job Title |  |
| Please confirm you are employed by an NHS provider of health or social care services with at least 50% of services free (i.e. not a private institution) at point of delivery; and at least 50% of your current role spent delivering health or social care services. | |
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| Please describe your rational for applying for this scheme (500 words max) |
|  |
| Proposed Clinical Mentor and their designation |
|  |
| Please indicate you have included a supporting statement from your senior manager |
|  |
| Please provide an outline of your research plan / programme of work you are going to undertake during your clinical release (i.e. placements, observations, skill development, proposal development, funding applications, publications etc.)  **(max 500 words)**  *Please ensure you include a timeframe (monthly / weekly); and shared this plan with your employer and line manager.* |
|  |
| *Health Education England team would like to follow up with all participants of the ICA schemes up to 3 years after they complete the schemes. If you are successfully enrolled into the ICA scheme, would you be happy for the Health Education England team to contact you by email.*  **Select as appropriate:**  **☐ Yes**  **☐ No** |

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| cid:image001.png@01D7C43F.3A7AF780 | HEE announces move to new London offices | C:\Users\stewara2\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\BA2046CA.tmp |

**Integrated Clinical Academic Schemes**

**CURRICULUM VITAE**

**(4 pages maximum)**

***This form needs to be included with your Application and Employer support letter submitted as one pdf document with the file name of London\_HEEICA followed by your name to*** [ICA\_Predoctoral\_programmes@kcl.ac.uk](mailto:ICA_Predoctoral_programmes@kcl.ac.uk)

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| --- | --- |
| Name: | |
| Present employer and role: | |
|  | |
| Telephone number: | Email address: |
|  |  |
| Qualifications: | |
|  | |
| Previous employment | |
|  | |
| Research training, skills and experience | |
|  | |
| Research funding/awards | |
|  | |
| Research presentations (including service evaluations) | |
|  | |
| Peer reviewed journal publications: | |
|  | |
| Other publications including conference abstracts | |
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