2025-26 NIHR INSIGHT South London

**INTRODUCTION:** This application form is to apply for a NIHR INSIGHT South London scholarship to undertake a master’s degree by research. **This is the scholarship application that includes fees and stipend (direct to student or direct to employer).** You will need to complete a separate application to the respective University for the master level course that you are applying for. Eligible masters programmes and how to apply for respective courses are detailed on the [NIHR INSIGHT South London webpage](https://www.kcl.ac.uk/news/inspiring-students-into-research).

To complete this scholarship application, you will need to:

1. Detail your profession, registration number and date of registration for the respective professional council/body.
2. Indicate the master’s course you are seeking funding for (you can only apply for one course) and give brief rationale for applying for the INSIGHT scheme.
3. Provide CV information (we will ask you to type this into the form).
4. If you are applying as an existing employee of an eligible organization (e.g. NHS, social care or charitable provider), confirm that your application is supported by your organisation. You will need to submit a letter of support from a senior manager/lead for research using the template in the application.

The scheme is open to health and care professionals and students employed or studying in South London or employed by one of our partner organisations, The Royal National Orthopaedic Hospital, The Royal Marsden Hospital and Central London Community NHS Trust.   
  
 You can view full details of the NIHR INSIGHT scholarship programme and the eligibility criteria on the [NIHR INSIGHT Programme South London webpages.](https://www.kcl.ac.uk/news/inspiring-students-into-research)

**The deadline for this scholarship applications is 13:00 (GMT) on 30 April 2025**

***Processing of Personal Data:***

By submitting this application, I authorise the NIHR INSIGHT Programme South London to disclose to the NIHR and other member partners for the INSIGHT Programme for South London any information that is relevant to my application. I consent to the NIHR INSIGHT Programme South London using the email address I have supplied to send me information. I consent to the NIHR INSIGHT Programme South London, NIHR and my University publishing information drawn from this application on their websites about myself, my scholarship and my master’s course if I am awarded a scholarship and accepted on my master’s course. I agree that the NIHR INSIGHT Programme South London and its member partners can process my information and keep a copy of my application to collect statistics and detect and prevent fraud. The Data Protection Act allows you to ask us for a copy of all the information we have about your application.

***Using this form:***

* *Please allow at least 30 minutes to complete the form in full.*
* *If you would like to prepare your answers in advance, you can view a template of the application form detailing all the questions* *[on the NIHR INSIGHT South London web pages](http://www.kcl.ac.uk/news/inspiring-students-into-research).*
* *You can pause and return to the form later (within two weeks of your last time accessing the form) as long as you use the same browser and device.*
* *It is recommended that you use a laptop or desktop computer rather than a mobile device to complete the application.* Click here to view a list of compatible browsers.
* *It is not possible to edit responses once submitted. Please do not submit this application more than once; applications submitted more than once cannot be considered.*    
      
  Should you require assistance in completing the online form, please contact INSIGHT-SL@kcl.ac.uk   
      
  **Click on the arrow below to continue to the first question.**

**Contact Details**

DEMO Q1 Full name

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEMO Q2 Professional / Work email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEMO Q3 Telephone/mobile number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course**

COURSE Q1 Please indicate which course you intend to apply for if successful in this funding scheme application

*King’s College London:*

* Clinical Research MRes/PGCert (Faculty of Nursing Midwifery and Palliative care)
* Clinical Research Delivery MSc (Faculty of Nursing Midwifery and Palliative care)
* Palliative Care MSc (Faculty of Nursing Midwifery and Palliative Care, Cicely Saunders Institute)
* Mental Health Studies MSc (Institute of Psychiatry, Psychology & Neurosciences)
* Clinical Neuroscience MSc (Institute of Psychiatry, Psychology and Neurosciences)
* Clinical Ultrasound MSc (Faculty of Life Sciences & Medicine, School of Life Course & Population Sciences)
* Master of Public Health (MPH) (Faculty of Life Sciences & Medicine, Dept. of Population Health Sciences, School of Life Course & Population Sciences)
* Women and Children’s Health, MSc (Faculty of Life Sciences & Medicine, Dept. of Population Health Sciences, School of Life Course & Population Sciences)
* Global Health, MSc (Faculty of Life Sciences & Medicine, Dept. of Population Health Sciences, School of Life Course & Population Sciences)
* Global Health, Social Justice and Public Policy, MSc (Faculty of Social Sciences & Public Policy, Dept. of Global Health & Social Medicine, School of Global Affairs)
* Healthcare Technologies MRes/MSc (Faculty of Life Sciences and Medicine, School of Biomedical Engineering and Imaging Sciences)
* Specialist Community Public Health Nursing/Health Visiting/School Nursing MSc (Dissertation only, top-up), (Faculty of Nursing Midwifery and Palliative care)

*St Georges, University of London:*

* MRes Biomedical Science - Clinical Biomedical Research Pathway
* MSc Genomic Medicine

*London South Bank University:*

* Diagnostic Imaging MSc
* Advanced Paediatric Critical Care MSc (Evelina/LSBU Partnership)
* Children's Nursing MSc
* Nursing MSc (Neuroscience Care or Adult Nursing)

*Kingston University:*

* Advanced Therapeutics and Public Health, MSc (School of Life Sciences, Pharmacy and Chemistry)

COURSE Q2 What mode of study are you going to be studying?

* Full-time
* Part-time

COURSE Q3 Please confirm if you are currently registered as a student

* Yes
* No

If you are a student, you will be also asked to fill in this section:

**Student Status**   
    
*Innovative engagement programmes and Research Masters Studentships provided through INSIGHT Regional Programmes are available to students from eligible registered healthcare, social* *work and public health professions (not including doctors and dentists) at an early stage in their career. This includes undergraduate and postgraduate students or early career professionals, within 5 years from their professional registration (excluding breaks)*

STUDENT Q1 Please indicate the profession you will be qualifying for once completing your studies

* Arts/Music/Drama Therapist
* Chiropodist
* Clinical Research Practitioner
* Dental Care Professional
* Dietician
* Healthcare Scientist
* Health Visitor
* Midwife
* Nurse
* Occupational Therapist
* Operating Department Practitioner
* Orthoptist
* Osteopath
* Paramedic
* Physiotherapist
* Podiatrist
* Prosthetist/Orthotist
* Public Health Practitioner
* Radiographer
* Social worker
* Speech and Language Therapist
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicants should be working towards or have recently registered with one of the following regulatory bodies.*

STUDENT Q2 Please tell us which professional regulatory body you are working towards or hold registration with

* Academy for Healthcare Science
* General Chiropractic Council
* General Dental Council
* General Medical Council
* General Optical Council
* General Osteopathic Council
* General Pharmaceutical Council
* Health and Care Professions Council
* Nursing and Midwifery Council
* Social Work England
* UK Public Health Register
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STUDENT Q3 Mitigating Factors  
 Please detail any periods you were unable to study such as parental or long-term sick leave, or caring responsibilities. Only state when and for what period you took a break. Please note that we are not asking for the reasons for this break so please do not provide these here, and do not share any sensitive personal health information.  
*1,000 characters max*

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If you are employed, you will also be asked to fill in this section:

**Professional Registration**   
*Innovative engagement programmes and Research Masters Scholarships provided through INSIGHT Regional Programmes should be available to students from registered healthcare, social* *work and public health professions (not including doctors and dentists) at an early stage in their career. This includes undergraduate and postgraduate students or early career professionals that have recently completed their professional registration. Applicants should be working towards or have recently registered with one of the following regulatory bodies.*

PROF REG Q1 Please indicate your profession

* Arts/Music/Drama Therapist
* Biomedical Scientist
* Chiropodist
* Clinical Research Practitioner
* Clinical Scientist
* Dental Care Professional
* Dietician
* Health Visitor
* Hearing Aid Dispenser
* Midwife
* Nurse
* Occupational Therapist
* Operating Department Practitioner
* Orthopodist
* Osteopath
* Paramedic
* Physiotherapist
* Podiatrist
* Practitioner Psychologist
* Prosthetist/Orthotist
* Public Health Practitioner
* Radiographer
* Speech and Language Therapist
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROF REG Q2 Please tell us which registering professional body you hold registration with or are working towards registration

* Academy for Healthcare Science
* General Chiropractic Council
* General Dental Council
* General Medical Council
* General Optical Council
* General Osteopathic Council
* General Pharmaceutical Council
* Health and Care Professions Council
* Nursing and Midwifery Council
* Social Work England
* UK Public Health Register
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROF REG Q3 Registration number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROF REG Q4 Date of registration (first date of registration with professional regulatory body indicated in Q2) Or state working towards with planned registration date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROF REG Q5 Mitigating Factors  
 Please detail any dates you were unable to work such as parental or long-term sick leave, or caring responsibilities. Only state when and for what period you took a break. Please note that we are not asking for the reasons for this break so please do not provide these here, and do not share any sensitive personal health information.  
*1,000 characters max*

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EMPLOYMENT INFO **Employment**

EMP Q1 Current employer

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EMP Q2 Current job title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMP Q3 Please confirm you are employed by a provider of health or social care

* Yes

EMP Q4 Please confirm that you have discussed with your employer that applying for funding to undertake a master’s course and potential requirement to reduce your working hours to complete the course.

* Yes

SUPPORT INFO **Letter of Employer Support**

SUPPORT Q1 Please upload your letter of employment support as a MS Word or PDF file. Your file should be titled as [INSERT Your Name] - Letter of Employer Support. The form can be downloaded from the NIHR INSIGHT South London web pages.

**Curriculum Vitae**

Qualifications  
*Please list your qualifications below starting from the most recent one. If you are currently studying, please leave the date in 'To' blank.*

CV Q1   
**Qualification 1**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Class (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV Q2   
**Qualification 2**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* Class (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV Q3   
**Qualification 3**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Class (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q134 Employment details  
*Please list your employment details below starting from the most recent one. If you are currently working, please leave the date in 'To' blank.*

CV Q4   
**Position 1**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV Q5   
**Position 2**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV Q6   
**Position 3**

* From (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To (date format: dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV Q7 Motivation and Research Experience

CV Q8 Please describe your rationale for applying for this scheme. Highlight the motivation for applying for this funding and how obtaining this funding will impact your research and career goals.  
*4,000 characters max*

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CV Q9 Please describe any previous experience in research, your career goals and how you envision the studentship contributing to your professional development (e.g. training in writing, methodologies, or acquiring specific skills in your field).  
*4,000 characters max*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diversity Monitoring Form**   
 This diversity monitoring form is designed to collect data on the diversity of our applicant pool. We will use it to monitor the success of our application strategy which aims to promote and support groups which are currently under-represented in academia.  
   
 Identifying information and EDI info will be removed before passing your application to selection panels. The information will not be used to inform the outcome of your application and will be stored separately from all other application documents. When recruitment is completed, the data given on this form will be stored on a secure server, in an anonymised format. No hard copies will be kept.  
   
 Filling in this form is mandatory, but you can choose to select “prefer not to say”.

EDI Q1 Please select the age bracket appropriate for the age you will be on 1 October 2025.

* Under 21
* 21 - 24
* 25 - 29
* 30 - 34
* 35 - 39
* 40 - 44
* 45 - 49
* 50 - 54
* 55 - 59
* 60 - 64
* 65 +
* Prefer not to say

DISABILITY SECTION

**Disability** The questions in this section ask about disabilities and long-term conditions in different ways. Asking about disability is complex, and these questions will help us to develop a broader understanding of our applicant pool to compare with existing statistics. Please answer each question separately and don't feel that your answer to one should determine your answers to the others.

DISABILITY Q1 Do you consider yourself to be a disabled person?

* Yes
* No
* Prefer not to say

DISABILITY Q2 Do you have any of the following disabilities, long-term health conditions, mental health conditions or impairments? If you prefer to self-describe, then please state your reply in the OTHER box.   
 *Please select all that apply.*

* ⊗No
* Dyslexia
* Other neurodiverse diagnosis (e.g. dyscalculia, autism)
* Hearing
* Speech
* Visual
* Long-term health condition (e.g. diabetes, multiple sclerosis, heart condition, epilepsy, energy-limiting conditions, chronic pain)
* Mental Health
* Mobility
* Musculoskeletal (including back, neck and shoulder)
* A disability, condition or impairment listed above but prefer not to specify which
* ⊗Prefer not to say
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISABILITY Q3 Do you experience barriers or limitations in your day-to-day activities related to any disability, health condition or impairment?

* No
* Yes
* Not applicable
* Prefer not to say

DISABILITY Q4 Are you currently or have you previously been in receipt of a UK disabled student's allowance?

* No
* Yes
* Prefer not to say

ETHNICITY SECTION

**Ethnicity**   
These options have been chosen to allow us to compare the diversity of our applicants with other PhD Programmes and Centre for Doctoral Training Centres in the UK. We appreciate that if you are applying from outside of the UK that the options may not be a good fit for you. In that case please select one of the 'other' options and self describe in the available text box.

ETHNICITY Q1 What is your ethnic group? Choose one option that best describes your ethnic group or background.

* Asian/ Asian British - Bangladeshi
* Asian/ Asian British - Chinese
* Asian/ Asian British - Indian
* Asian/ Asian British - Pakistani
* Asian/ Asian British - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Black/ African/ Caribbean/ Black British - African
* Black/ African/ Caribbean/ Black British - Caribbean
* Black/ African/ Caribbean/ Black British - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mixed/ Multiple ethnic groups - Black Caribbean and White
* Mixed/ Multiple ethnic groups - Black African and White
* Mixed/ Multiple ethnic groups - Asian and White
* Mixed/ Multiple ethnic groups - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* White - English/ Welsh/ Scottish/ Northern Irish/ British
* White - Irish
* White - Irish Traveller
* White - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any other ethnic group - Arab
* Any other ethnic group - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

GENDER SECTION **Gender and Sexual Orientation**

GENDER Q1 Which of the following best describes your gender? If you prefer to self-describe, then please state your reply in the OTHER box.

* Man
* Woman
* Non-binary
* Prefer not to say
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER Q2 Do you identify as trans?

* No
* Yes
* Prefer not to say

GENDER Q3 Which of the following best describes your sexual orientation? If you prefer to self-describe, then please list your reply in the OTHER box.

* Asexual
* Bi/bisexual
* Gay man
* Gay woman/lesbian
* Queer
* Straight/heterosexual
* Prefer not to say
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVERTISING SECTION **Advertising**

ADV Q1 How did you hear about the NIHR INSIGHT for South London Programme?

* King's INSIGHT Website
* King's Clinical Academic Training Office (KCATO)
* Your supervisor / Academic colleague
* Your manager / Clinical colleague
* Twitter (X)
* LinkedIn
* Word of mouth
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADV Q2 The NIHR would like to follow up with all participants of the INSIGHT schemes for up to 3 years after they complete the schemes. If you are successfully enrolled into the INSIGHT scheme, would you be happy for the NIHR team to contact you by email and/or text?

* Yes
* No

**If you are ready to submit your application, please click the arrow.**   
    
You will not be able to change your responses once your application has been submitted. If you would like to edit your application, click the back arrow to go back to the item you would like to change.   
    
Upon completion, you will receive a copy of your application responses as a part of the confirmation email.