# CRIS – ICR Emerging Clinical Academics Programme Application Form

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| **Applicant name** |  |
| **Project title** |  |

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| Host group leader/supervisor details |
| **Host group leader** |  |
| **Division/Group** |  |
| **Letter of support attached**Please provide a letter of support from the proposed supervisor. This should outline the support they will provide in terms of the proposed project and career development and mentoring.  | Yes/No |

# Project details

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| Project proposal |
| The post will be expected to have a research/clinical split of between 80/20 to 60/40. Please tell us your intended research/clinical ratio and proposed start date |
| **Lay summary**This may be published by the CRIS Foundation if the project is successfully funded.**Maximum of 200 words.** |
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| **Full project proposal**What is your research question, and why is it important? You should detail the:* aims of the project;
* work which has led up to the project;
* timetable and milestones; *and*
* key methodologies and techniques that will be used to achieve the aims of the project .

Graphs, figures, and supporting unpublished data may be embedded in the text or included as an appendix or appendices. **Maximum of 1,400 words.Appendices not exceeding two sides of A4.** |
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| **References**Full citations, including paper titles and all authors. |
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| Project costing |
| **Indicative project cost****Please liaise with the ICR finance team provide an indicative total cost for the project**, including the:* salary expected;
* total cost of lab consumables; *and*
* training/travel budget
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# Candidate details

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| Personal details |
| Title and name |   |
| Contact address |   |
| Contact number | Phone (day) |  |
| Mobile |  |
| Email |  |
| Nationality (as on passport) |  |  |
| Country of residence |  |  |

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| Qualifications*Including MRCP, if applicable* |
| **Qualification (and grade where applicable)** | **Date obtained** | **Institution** |
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| Clinical employment history*Please provide details of your clinical employment history since qualification*  |
| **From** | **To** | **Job title & clinical specialty** | **Institution** |
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| **Publications** |  |
| **Presentations** |  |
| **Research grants** |  |
| **Scholarships/prizes/other relevant achievements** |  |

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| Personal Statement |
| **Research experience – PhD/MD**Please provide a description of your research experience to date, including your PhD/MD research. Please do not include clinical audits in this section. Max 500 words. |
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| **Career Aspirations**Please describe your clinical, research and career aspirations.Max 300 words |
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| **Clinical and other Commitments**Please describe how much time you will commit to this research (minimum 60% will be expected). Please state the clinical duties you will carry out and how any requirements for higher training in your specialty will be met. You can also highlight anything else relevant here. |
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| Clinical status |
| **a)** |  | **What level of clinical contract do you currently hold? If ‘Other’, please specify.** | Click or tap here to enter text. |
| **b)** |  | **Name of Health Authority or Hospital Trust:** | Click or tap here to enter text. |
| **c)** |  | **Date current contract expires:** | Click or tap to enter a date. |
| **d)** |  | **Please state your chosen clinical specialty, if known:** | Click or tap here to enter text. |
| **e)** |  | **What progress, if any, has been made towards accreditation in your chosen specialty?** |
|  |  | Click or tap here to enter text. |
| **f)** |  | **Please give your General Medical Council (GMC) number:** | Click or tap here to enter text. |
| **g)** | **i)** | **Do you hold a National Training Number (NTN)?** | Click or tap here to enter text. |
|  | **ii)** | **If yes, state NTN and date awarded:** | Click or tap here to enter text. |
|  | **iii)** | **If no, when do you intend to apply for a NTN?** | Click or tap here to enter text. |
|  | **iv)** | **In which postgraduate deanery is your NTN held, or will be held?** | Click or tap here to enter text. |
| **h)** | **i)** | **Do you hold a Certificate of Completion of Training (CCT)?** | Click or tap here to enter text. |
|  | **ii)** | **If yes, state date awarded:** | Click or tap to enter a date. |
|  | **iii)** | **If no, what date would you expect to qualify to receive your CCT, assuming your fellowship application is successful? (mm/yy)** | Click or tap here to enter text. |
| **i)** |  | **What level of honorary clinical contract will be sought during this award? If ‘Other’, please specify.** | Click or tap here to enter text. |

[Job applicants and ICR staff privacy notice - The Institute of Cancer Research, London](https://www.icr.ac.uk/legal/privacy/job-applicants-and-icr-staff-privacy-notice).

# Referee details

Please confirm the details of the referees you’d like us to contact. We will contact your referees as soon as we receive your application form.

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| Referee 1 |
| **Title and name** |  |
| **Contact address** |  |
| **Contact number** | **Phone (day)** |  |
| **Mobile** |  |
| **Email** |  |

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| Referee 2 |
| **Title and name** |  |
| **Contact address** |  |
| **Contact number** | **Phone (day)** |  |
| **Mobile** |  |
| **Email** |  |