# SECTION A – Applicant Details

## Applicant details

|  |  |
| --- | --- |
| **Title:**  |  |
| **Surname:**  |  |
| **Forename:**  |  |
| **Job Title:**  |  |
| **Work Address:**  |  |
| **Email:**  |  |
| **Tel:**  |  |
| **Experience in designing and using research:**  |  |
| **Ability to lead and influence change:**  |  |
| **Experience in clinical area:** |  |

## Details Applicant Employer Organisation

|  |  |
| --- | --- |
| **Trust:**  |  |
| **Organisation:**  |  |
| **Address:**  |  |
| **Web address:**  |  |
| **Tel:**  |  |

## Details of Applicant line manager/workplace supervisor

|  |  |
| --- | --- |
| **Title:**  |  |
| **Surname:**  |  |
| **Forename:**  |  |
| **Organisation:**  |  |
| **Work Address:**  |  |
| **Email:**  |  |
| **Tel:**  |  |

**I can confirm that I have the support of my line manager and able to commit to the programme**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

**A full written letter of support on official headed paper has been provided by an Executive Director**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes – letter included** |  | **No** |  |

# SECTION B – Project Details

|  |  |
| --- | --- |
| **Project title:**  |  |
| **Project short name:**  |  |

|  |  |
| --- | --- |
| **Oxford AHSN Clinical Network the project will be a part of (if relevant):** |   |
| **Does this project add to any existing research within the Oxford AHSN**  |  |

# SECTION C – Local Network Project Details and Justification

## Background Information / justification – why is this project needed

|  |  |
| --- | --- |
| **Remit:** |  |
| **Background:** |  |
| **PPI involvement:** |  |
| **Relevance:** |  |
| **Summary:** |  |
| **References:** |  |

## Study Goals & Objectives

|  |
| --- |
|  |

## Study Design/Methods

|  |
| --- |
|  |

SECTION D – Nominated Referees
**Please provide at least 3 names. One must be your current employer supporting your application and ability to commit time to study.**

|  |  |
| --- | --- |
| **Surname:**  |  |
| **Title:**  |  |
| **Forenames:**  |  |
| **Post Held:**  |  |
| **Organisation:** |  |
| **Email:**  |  |
| **Tel:**  |  |

|  |  |
| --- | --- |
| **Surname:**  |  |
| **Title.**  |  |
| **Forenames:** |  |
| **Post Held:**  |  |
| **Organisation:**  |  |
| **Email:**  |  |
| **Tel:**  |  |

|  |  |
| --- | --- |
| **Surname:**  |  |
| **Title:**  |  |
| **Forename:**  |  |
| **Post Held:**  |  |
| **Organisation:**  |  |
| **Email:**  |  |
| **Tel:**  |  |