Knowledge Exchange Application Form

**Eligibility:** The scheme is open to all early career health and social care researchers from non-medical professions based in the North West.

Applications should include authorisation from your supervisor. (If this is not possible please get in touch).

**Please note: this is not for anyone with a product idea they wish to develop; this is a learning and sharing opportunity only. If you have a product you wish to develop please contact Trustech for advice.**

Please make sure you have completed all sections of the form before you submit it.

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| **TO BE COMPLETED BY THE RESEARCHER**  **ABOUT YOU** | |
| **Title** |  |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Telephone** |  |
| **ABOUT YOUR ORGANISATION** | |
| **Name of Employer** |  |
| **Supervisors name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |
| **ABOUT YOUR RESEARCH** | |
| **Please describe briefly your current role and research interests including any current research projects?** |  |
| **Why are you interested in participating in this programme?** |  |
| **What are the 3 key things you hope to achieve by participating in this programme?** |  |
| **Please identify any sectors/SMEs where your research may contribute /support innovation?** | Please note: We cannot guarantee but where possible we will seek to develop collaboration within the area of your interest. |
| **TO BE COMPLETED BY YOUR SUPERVISOR** | |
| This section is to be completed by the applicant’s line manager confirming their support to release you from your commitments to take part in the pilot knowledge exchange project.  Participants will be expected to:   * Spend a day with a SME * Take part in exercises that will support the knowledge exchange during the day * Spend time working on pre-exchange activity * Attend and take part in an evaluation exercise and final review of the project   I am aware of this application and give the project my support.  **Comments:**  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **ABOUT YOU: SPECIAL NEEDS OR SUPPORT** |
| Please state any support required as a consequence of any disability or medical condition |
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| **DECLARATION FROM APPLICANT** | |
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. | |
| Signature | Date |
|  | |
| **REVIEW & ALLOCATION PROCESS** |  |

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| **DEADLINE FOR SUBMISSION** | **Applications must be received no later than 4.00pm by 31st March 2017** |
| **NEXT STEPS:** | Applications received by the closing deadline will be considered by the panel members:  Gillian Southgate, Professor William Campbell, Jane Martindale and an industry expert. |
| **OUTCOME NOTIFICATION:** | **Applicants will be notified of the outcome of their application shortly afterwards** |
| **COMPLETED FORMS SHOULD BE RETURNED TO:** | **Contact:** Safeena Aslam  **Email:** Safeena.aslam@researchnorthwest.nhs.uk  **Tel:** 0161-935-8433  **Address:** NHS Research & Development North West  Room 402, 82 King Street, Manchester, M2 4WQ |
| ***PLEASE NOTE:*** | All **information** received in this **form will be treated confidentially and shared only with SME partners to support the knowledge exchange.** |