**The Chief Scientific Officer’s**

**Knowledge Transfer Partnership Programme (KTP)**

**for leaders and aspiring leaders in Healthcare Science**

**Application Form**

**CLOSING DATE FOR APPLICATIONS: Friday 5th November 2021**

**INTERVIEWS FOR SHORTLISTED CANDIDATES:**

**30th November – 2nd December 2021**

Please complete and return this application form via email ([england.cso@nhs.net](mailto:england.cso@nhs.net)) with **CSO’s Knowledge Transfer Partnership Programme Application** in the subject line or posting to:

The CSO’s Knowledge Transfer Partnership Programme for Leaders and aspiring Leaders in Healthcare Science,

Office of the Chief Scientific Officer

NHS England

Medical Directorate

Skipton House, London SE1 6LH

***Please complete this form using black ink or typed responses where possible.***

**APPLICANT INFORMATION**

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| Surname | | | | | | | | | |  | | Title | | |
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| Forename(s) in full | | | | | | | | | | | | | | |
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| **Trust**  Address (to be used for all correspondence)  Telephone number  Mobile number | | | |  | | E-mail | | | | | | | | |
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|  | | UK Resident | | | | | | | | |
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|  | | Current NHS Band | | | | | | | | |
| Job title  Your de | | | |  | | Name of current employer | | | | | | | | |
| Your department and specialty area | | | |  | | Line Manager name and email | | | | | | | | |
| **QUESTIONS** | | | | | | | | | | | | | | |
| 1. Please describe the specific research, quality improvement or change management idea that you would like to explore in collaboration with the partners which form part of the UK’s National Measurement System and the United Kingdom Accreditation Service (UKAS); and summarise how addressing this challenge will benefit patient care.   Where possible please be specific about the outcomes you would expect to achieve within the next 18 months (500 words max). | | | | | | | | | | | | | | |
| 1. The role of technology and the healthcare science workforce within the scientific diagnostic, interventional and therapeutic services that deliver these technological advances are integral to ensuring that the improved outcomes will have widespread population impact. Please describe the system need for your project. (300 words max) | | | | | | | | | | | | | | |
| 1. Please explain why a knowledge transfer partnership with these centres of excellence will enable you to successfully address this challenge (300 words max) | | | | | | | | | | | | | | |
| 1. Please describe your route to dissemination and uptake for maximum system benefit. (500 words max) | | | | | | | | | | | | | | |
| *The Long Term Plan identifies clinical priorities with a significant impact on the population’s health and wellbeing and outlines service measures to significantly improve patient care in these areas. These priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care, with a strong focus on children and young people’s health.*   1. How does this project idea align to the NHS Long term plan? (500 words max) | | | | | | | | | | | | | | |
| 1. Please summarise your longer-term vision for your knowledge transfer partnership and articulate the wider benefits from a service, research & innovation, organisational, health system and professional perspective (500 words max) | | | | | | | | | | | | | | |
| 1. How did you find out about the Programme? | | | | | | | | | | | | | | |
| **Terms and Conditions** | | | | | | | | | | | | | | |
| I have completed the application form in full and all information provided is true to the best of my knowledge | | | | | | | | | | | | |  | |
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| I confirm that I can attend the interview dates and development dates as detailed in the timeline, dedicate a minimum of 10 days to the KTP project and that I meet the eligibility criteria of the programme | | | | | | | | | | | | |  | |
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| I confirm that I have enclosed a letter of support from my Employer | | | | | | | | | | | | |  | |
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| Signature |  | | | | Date | |  | | | | | | |  |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | |  | |
| Date Received | | | | | | | | | | | | | | |
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| **Employer’s letter received** | | | | | | | | | | | | | | |
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|  | | Date Acknowledged | Sections Incomplete | | | | | Reference Number | | | | | | |