 

**SCOTTISH PHARMACIST CLINICAL ACADEMIC FELLOWS**

**(2021 – 2023)**

**DEVELOPMENT OPPORTUNITY FOR**

**SENIOR / EXPERIENCED PHARMACISTS WORKING IN NHS SCOTLAND**

**RESEARCH POSTS**

**APPLICATION FORM**

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| **Personal Details** |
| Surname |  |
| Forename |  |
| Title |  |
| Home address |  |
| Home address 2 |  |
| Home address 3 |  |
| City/town |  |
| Country |  |
| Postcode |  |
| Mobile phone number |  |
| Home phone number |  |
| Email address |  |

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| **CV** |
| Please submit your CV with full details of * Qualifications
* Experience including: research / evaluation / quality improvement project reports / publications
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| **Personal statement**This should be no more than 500 words and should clearly indicate why the applicant wants to undertake a Clinical Academic fellowship and should cross-refer to the Job Summary and Person Specification provided in the application pack. Clear indication of potential impact on service development and the personal and career development of the individual should be articulated. It may also include reflection on current research skills and experience and areas of developmental need.  |
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| **Research proposal**The research proposal should be no more than 1000 words and should articulate for the planned area of work: background / context, brief summary of relevant literature, draft aim and objectives. |
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| **References**Two appropriate references, one from academia and one from your place of work to ensure that we can independently assess your academic / clinical practice strengths and weaknesses in relation to your proposed topic. Your academic reference should be from someone who has actually taught you or supervised your work at Master's/Honours level.  |
|  |  |
| Referee name |  |
| Designation |  |
| Address |  |
| Address 2 |  |
| Address 3 |  |
| City/town |  |
| Country  |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
|  |  |
| Referee name |  |
| Designation |  |
| Address |  |
| Address 2 |  |
| Address 3 |  |
| City/town |  |
| Country  |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

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| **Signatories in support****Direct Line Manager, Director of Pharmacy and Senior Medical Advisor**The Direct Line Manager and Director of Pharmacy from the host organisation (in which this award will be based) must confirm that they support this application and that, if funded, the research and training will be supported and administered in the named organisation and that the applicant for whom they are responsible will undertake this work.The Senior Medical Consultant should provide a statement in support of the planned research proposal and clinical area of the work. |
|  |  |
| **Direct Line Manager** |  |
| Name |  |
| Designation |  |
| Email address |  |
| Support of application (date) |  |
|  |  |
| **Director of Pharmacy**  |  |
| Name |  |
| Email address |  |
| Support of application (date) |  |
|  |  |
| **Senior Medical Advisor** |  |
| Name |  |
| Designation |  |
| Email address |  |
| Statement in support (to accompany application) |  |

**Applications and supporting documents (clearly labelled) to be submitted to:**

**Fiona Aitcheson, School Administration Manager, RGU, Sch. Pharmacy & Life Sciences,**

**Email:** **f.e.aitcheson@rgu.ac.uk**