

**Title**

Sub-title

**AHP Careers Fellowship Scheme**

**Application Form and Guidance Summer 2020**

[](https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.thebluediamondgallery.com%2Fhandwriting%2Fr%2Frecovery.html&psig=AOvVaw1BZgUPRgXYtn8cptxDUhLc&ust=1597420315008000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCODghMXEmOsCFQAAAAAdAAAAABAE)**Like most things our plans for the AHP Careers Fellowship Scheme have been affected by the COVID- 19 pandemic. But we believe that the Scheme is an asset for AHPs in Scotland and that it can be used to support our recovery journey. So, for this year only, we’ve decided to open for applications which focus on recovery and rehabilitation, which build on the learning from the pandemic and help AHP services plan for the future. Find out more below.**

**An AHP Careers Fellowship is made up of two parts:**

1. **a learning programme - equivalent to approximately 8 days in total delivered through a combination of face to face and digital workshops (depending on circumstances)**

**and**

1. **a rehabilitation/recovery focused work-based project lead by you and delivered in your own team, service, locality, organisation or region (over a 10­ to 12-month period)**

**Fellowship Timeline for 2020/2021/2022**

**Applications close**

**23 October 2020**

**Notification mid Dec 2020**

**April 2021 Induction day and**

**projects start**

**May 2021 to March 2022 - series of face to face and/or digital workshops and sessions**

**April 2022 Learning and sharing event**

**Jan 2021 -late March 2021 Preparation for work-based project as required**

**Work-based projects start at the end of April 2021 and are completed in agreed timeframe (10 - 12 months)**

**Please read the notes below before completing your application form**

1. The AHP Careers Fellowship Scheme (CFS) is open to AHP staff working in the public sector in Scotland. This encompasses AHPs, AHP healthcare support workers (HCSW) and AHP assistant practitioners employed in NHSScotland or Local Authorities in Scotland. **Please see the AHP Careers Fellowship Scheme page on the NES website for a list of allied health professions that are included in the scheme**. <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/the-ahp-careers-fellowship-scheme.aspx>
2. If you are an AHP working within the third sector, further or higher education you can apply for a Fellowship if your proposed project is in partnership with health and social care AHP colleagues/organisations and where there is anticipated benefit to people using/delivering health and social care services.
3. If your application is successful you will be part of a cohort of Fellows. You will be expected to attend the learning programme sessions and be released to do your work-based project. The learning programme will be delivered face to face (if possible) and via digital workshops or sessions.
4. The Fellowship will support release of your time/capacity (or for additional hours if you are part time) **for up to 2 days per week for a 10 to 12-month period, starting in April 2021.** This is to participate in the learning programme and to undertake your work-based project.
5. In your application please be clear about the number of days per week you are requesting (up to 2.0) and for how long (between a minimum of 10 months and maximum 12 months). This will depend on your individual circumstances, your own learning needs and the nature and scope of your work-based project. It may be adjusted following discussion at the review panel, and in consultation with you, your line manager and your AHP Director.
6. All applications to the AHP Careers Fellowship Scheme must be supported by:

* Your direct line manager, and
* Your relevant service manager and budget holder, and
* Your AHP Director or other Director/Associate Director (if you are employed by a local authority).

We therefore strongly recommend that you discuss your application with all of the above people prior to completing this form.

1. Decisions and recommendations about your application are made by a Review Panel. We may contact you during November if the review panel needs more information or has points it wants to clarify. We will let you know if your application has been successful or not by mid December 2020.
2. Remember that the AHP Careers Fellowship Scheme is a development opportunity for individuals. The Review Panel therefore base their decisions on both;

* the learning outcomes and development opportunity for you and
* on the relevance and potential impact of your proposed project

This means that we don’t accept ‘project only’ applications where the Fellow who will do the work is to be identified later.

1. The application form asks you to describe the learning outcomes you anticipate for yourself if you are awarded a Fellowship and the impact it will have on service. For more advice about writing applications sign into Turas Learn and search for the ***Writing Great Applications for learning and development opportunities*** module
2. For this opening only your proposed work-based project must focus on rehabilitation and recovery. By this we mean projects which are consistent with the scope and vision of the **Framework for supporting people through recovery and rehabilitation during and after the COVID- 19 pandemic** <https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/>

Or projects which support rehabilitation and recovery within services for children and young people.

1. The Fellowship can support reasonable travel within Scotland where it is clearly required for the delivery of your work-based project and/or to attend the workshops
2. The Fellowship funding **cannot** be used for

* capital funding, equipment, software or licences
* to support applications related to pre-registration AHP programmes
* international travel

1. Please see the FAQs section on the AHP Careers Fellowship Scheme page of the NES website for more information. <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/the-ahp-careers-fellowship-scheme.aspx>

***If you have any questions about this guidance or wish to discuss your application before submitting it then please do not hesitate to contact the Careers Fellowship Scheme Team*** [***AHP.Fellowships@nes.scot.nhs.uk***](mailto:AHP.Fellowships@nes.scot.nhs.uk)

**Remember your application is for an AHP Careers Fellowship that will release you (or could be for additional hours if you are part time) for up to 2.0 days per week over 10 to 12 months. You will be part of a cohort of Fellows participating in a learning programme and doing a work-based project. Your project should be something that…**

* **you want to do and feel passionate about**
* **you and others will learn from**
* **is focused on rehabilitation and recovery**
* **is team, service, organisation or region wide. We’ll also consider national projects**
* **can be achieved over 10 to 12 months**
* **is innovative, is about change and development and/or building on learning from the Covid pandemic (not simply a continuation or expansion of existing service delivery)**

# Summer 2020 application timeline

**7th September 2020 -** applications open

**By 12.00 (noon) on** **Friday 23rd October 2020 -** all fully completed and singed applications to be submitted

**November 2020** – applications reviewed by AHP Careers Fellowship Review Panel and NES AHP Careers Fellowship Team. Occasionally the panel or team may ask for additional information or seek clarification about applications. If this is the case you will be contacted via phone, email or Teams.

**2nd December 2020** - the AHP Careers Fellowship Review Panel will meet to make a recommendation on all applications. This may include;

* to fund as outlined in the application,
* not to fund
* to fund with conditions or adaptation of the proposed project and/or outcomes (this will then be negotiated with applicant and line managers as appropriate).

**By 18th December 2020 -** the Review Panel's decision will be sent to the applicants**.**

**FOR ALL APPLICANTS**

***Before you start filling in the form discuss your proposed project with the people who will be involved and/or who it will impact. This might include your own team and/or other teams/services and should definitely include your line managers, service leads and AHP Director or other Director/Associate Director. Make sure they are on board, supportive of your idea and willing to work with you (as appropriate to your project)***

**Your application must be supported by:**

1. **your own line manager, and**
2. **your service manager and budget holder, and**
3. **your AHP Director (if you work in the NHS, an integrated health and social care team or if your project is in partnership with the NHS) or a Director/Associate Director level senior manager (if you work in a Local Authority)**

Seeking support for your application from the people listed above is vital and can make a huge difference to your proposed Fellowship successfully progressing or not. Organisation structures, budget holding, and line management arrangements vary across health and social care. For some of you obtaining the support you need may only require you to speak to one or two people (because they hold several of the roles listed above). For others it may mean seeking support from 3 or 4 different people. For this reason, we advise that you start the process early.

The application consists of four parts:

**Part 1**: completed by you

**Part 2:** completed by your line managertoconfirm their support for your application

**Part 3:** completed by the service manager/budget holder to confirm their support and agreement to release you to undertake your fellowship (this may or may not be the same person as your line manager)

**Part 4:** completed by yourAHPDirector or other Director/Associate Director

**Submit your fully completed and approved application by 12.00 (noon) on Friday 23 October 2020.** This application is for AHP Careers Fellowship funding ONLY.

|  |  |
| --- | --- |
| http://www.ico.gov.uk/cms/ResourceImages/lock.jpg | **Data Protection:** NES uses the personal data you provide for purposes associated with administering the AHP Careers Fellowship Scheme. NES will add your details to our database and share your work contact details with other participants in the Scheme through our newsletter, Alumni network or other channels as deemed appropriate. If you would prefer us not to share your contact details, please contact [AHP.Fellowships@nes.scot.nhs.uk](mailto:AHP.Fellowships@nes.scot.nhs.uk) For more information see http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx. Personal data will be retained in line with our records retention policies. |

# AHP CAREERS FELLOWSHIP – APPLICATION FORM

### PART 1 – To be completed by you (in discussion with your line manager)

1. **Applicant details**

|  |  |  |
| --- | --- | --- |
| **Your Name** | **Job Title** | **Your e-mail** |
|  |  |  |
| **Profession (or AHP group you most closely align with)** | **HCPC number (if appropriate)** | **Telephone contact number (mobile if possible)** |
|  |  |  |
| **Employer** | **Work Address** | **Work setting** |
|  |  | Remote  Rural  Urban |
| **What are your main areas of practice?** | | |
| Mental Health  Learning Disability  Child Health  Adult Health | Social Work  Outpatient  School  Health Centre | Voluntary Organisation  Community  Acute Hospital  Other, please specify: |
| **Your Career Stage** | | |
| Level 1 Support Worker  Level 2 Support Worker  Level 3 Senior Support Worker | Level 4 Assistant Practitioner  Level 5 Practitioner  Level 6 Senior Practitioner | Level 7 Advanced Practitioner  Level 8 Consultant Practitioner  Level 9 More senior  Not applicable |

Please note;

1. We understand that your project may involve your whole team (or a group of people) to varying degrees but we will still need you to be the primary applicant. If successful the Fellowship will be awarded to you, you will participate in the learning programme and we will consider you to be the project lead.
2. We will consider projects that are jointly **led by** **up to two people.** In this case please submit separate application forms and indicate here who your co lead is       (before applying for a joint project please see FAQ on website for more information on joint/shared work-based projects)
3. Remember, if you are not an NHSScotland or Local Authority employee your application must be submitted in partnership with NHSScotland AHP colleagues and supported by one of the NHS AHP Directors/Leads.

1. **Summary of your intended work-based project (300 words max)?**

**Project Title**

**What** are you going to do (one-line summary)

**Why** (what is the rationale for your project?)

**‘So what’** (summary of what do you hope it will achieve, you can give more detail in question 4)

Who will be your local mentor to support you in this project?

What is the timescale for your project?

Project start: April 2021

No. of days per week:

Project complete by:

Total time in months:

(minimum 10 months and max 12 months)

1. **How will your work-based project contribute to rehabilitation and recovery (300 words max)?**

1. **Your learning outcomes and the anticipated impact of your Fellowship project.** Please give:

a) learning outcomes for yourself based on the four pillars of practice in the career framework <https://www.careerframework.nes.scot.nhs.uk/media/39131/interactive_pdf_sept2012.pdf> or HCSW Framework <http://www.supportworkercentral.nes.scot.nhs.uk/learning/hcsw-learning-framework/> and

b) anticipated impact of your fellowship project

|  |  |
| --- | --- |
| 1. **What do you hope you will get from being an AHP fellow and doing your project** Please write at least one outcome for yourself under each of the four pillars of practice in the Career Framework | **How will you know? What evidence will you have that tells you that you have achieved/am achieving this outcome?** |
| Leadership |  |
| Clinical Practice |  |
| Facilitating Learning |  |
| Research/evaluation/service improvement |  |
| 1. **What impact do you hope your project will have on your service (ie anticipated outcomes for service** | **What evidence will you have to show this has happened/is happening?** |
|  |  |
|  |  |
|  |  |

*Please add lines as required*

1. **Please confirm that your Fellowship application has been agreed with your Line Manager via your appraisal and your PDP (or an equivalent review/personal development process).**

I confirm  I do not confirm

1. **Please detail all costs required for your Fellowship. Include description of item, cost and overall total (e.g. release of capacity, travel, accommodation, training of others etc)**

|  |  |
| --- | --- |
| **Description** | **Cost £** |
| *For example;*   1. *days per week for 12 months @ band 6 mid point*   *Travel to workshops (8 days @ £10 per day)* | *For example;*  *15,975*  *80.00* |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

Please add lines as necessary

1. **Finance department contact details**

Organisation:

Name:

Email address:

Postal address:

1. **Please provide details of any additional sources of funding contributing to the overall costs (if any)**

1. **If your application is successful you will be asked to provide regular learning reports. We publish some of the best examples of these to assist future participants.  Do you agree to your learning report being published?**

I agree

I do not agree

1. **Where did you find out about AHP Careers Fellowship? (e.g. email from colleague/Line Manager, Twitter, Word of Mouth etc)**

### WHAT NEXT? *The next step is to ask your line manager to complete Part 2 of this form below*.

### PART 2 – to be completed by your Line Manager

1. **Line Manager’s details**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Job Title: |  |
| Employer: |  |
| Tel No: |  |
| E-mail: |  |
| Allied Health profession you work within: |  |

1. **I confirm that this careers fellowship learning opportunity links to the applicant’s appraisal and PDP (or equivalent).** I confirm

1. **Please include relevant extract from PDP or equivalent review/development process.**

1. **Why do you support this application?**

1. **Please confirm your commitment to providing appropriate areas and tools for applicant to complete this fellowship, e.g. rooms and access to computer/equipment**

1. **The applicant has described their learning outcomes. How will you support the applicant to achieve these?**

1. **How will you support the applicant to use their learning from this Fellowship in other areas of their work?**

1. **Please confirm that you will provide feedback (if requested) in relation to the applicant’s progress**. I confirm
2. **Have you ensured that there is equality of opportunity for this applicant to apply in the following areas:**

**Full and part-time staff**

**Race**

**Disability**

**Gender**

**Age**

**Sexual orientation**

**Religion and belief**

1. **Where did you find out about AHP Careers Fellowship? (e.g. email from colleague/Line Manager, Twitter, Word of Mouth etc)**

### WHAT NEXT? *The next step is to ask your service manager and budget holder to confirm their support by completing Part 3 of this form below. Depending on your circumstances your line manager may be your service manager and may also be the budget holder…or it may be three different people*

### PART 3 – to be completed by your service manager and budget holder

**Service Manager’s details**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Job Title: |  |
| Employer: |  |
| Tel No: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| Please confirm that you support this application | I confirm |
| If this application is successful, you would be required to enter into an agreement with NES in relation to its arrangements, undertakings and responsibilities. Please confirm that you would be willing to do this | I confirm |
| Please confirm that you have discussed this application with relevant staff and if successful the applicant will be released from current practice, or given increased capacity, to undertake the Fellowship (as described in Part 1 of this form) | I confirm |

**Budget holder’s details**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Job Title: |  |
| Employer: |  |
| Tel No: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| Please confirm that you support this application | I confirm |
| If this application is successful, please confirm that   * the applicant will be released from current practice, or given increased capacity, for this Fellowship (as described in Part 1 of this form) * the Fellowship will commence in April 2020 * the Fellowship can be done within the requested budget | I confirm  I confirm  I confirm |

### WHAT NEXT? *The next step is to ask your AHP Director (if you are based in the NHS, an integrated team or if your proposed fellowship is in partnership with NHS services) or a relevant Director/Associate Director within your Local Authority to confirm their support by completing Part 4 of this form below.*

### PART 4 – to be completed by your AHP Director or Local Authority Director/Associate Director

|  |  |
| --- | --- |
| Full Name: |  |
| Job Title: |  |
| Employer: |  |
| Tel No: |  |
| E-mail: |  |

1. **Please confirm whether you do or do not support this application.**

I support this application

I do not support his application

Note to applicant; we cannot progress any application that is not supported by your AHP Director or your Local Authority Director/Associate Director (as appropriate). Please do not submit an unsupported application to us.

1. **Please state why you do, or do not, support this application (bearing in mind that all applications for this opening should focus on rehabilitation and recovery)?**

|  |
| --- |
|  |

1. **How will this Fellowship:**
2. Contribute to improving outcomes and/or experience of people using AHP services, and/or
3. Improve staff experience, and/or
4. Support AHP service development or improvement

|  |
| --- |
|  |

1. **Resources requested**

Do you consider the time and money being requested in the application to be proportionate and reasonable to undertake the work required for the project to be delivered as described?

**Time Yes/No**

**Money** **Yes/No**

Please add any relevant comments or suggested adjustments here

1. **Priority**

We usually receive more applications that we can fund therefore your view on the importance of this proposed Fellowship project is helpful for the Review Panel’s decision making. We ask you to please indicate your priority for allocation of funding for this application:

Very Important       

Important 

Desirable

If you wish add strength to your priority classification, please add detail here:

|  |
| --- |
|  |

### WHAT NEXT?

Save a copy of your completed application form for your own records.

E-mail this completed application form to [ahp.fellowships@nes.scot.nhs.uk](mailto:ahp.fellowships@nes.scot.nhs.uk) by the **closing date of 12.00 (noon) on Friday 23rd October 2020.**

**Please be aware that applications received after the closing date will not be considered.**

Both you and your line manager will receive an e-mail confirming receipt of the funding application.