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**ARC IMPLEMENTATION FELLOWSHIP 2022**

**APPLICATION FORM**

*Please type in your answers using a size 10 font.*

**PART I: SUMMARY INFORMATION**

**A. APPLICANT INFORMATION**

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| **Name:** |
| **Present Position:** |
| **Salary band/grade:** |
| **Department:** |
| **Institution/Organisation:** |
| **Work address:** |
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|  |
| **Home address:** |
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|  |
| **Telephone (daytime):** |
| **Mobile:** |
| **E-mail:** |

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| --- | --- | --- | --- |
| **Qualification/Course (academic and/or other professional training):** | **Class of degree obtained (as appropriate)** | **College/University/Other awarding body:** | **Date** |
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**B. SUPPORTING APPLICATION DOCUMENTATION**

Please give the names and contact details of: a) Referee 1, who should provide your institutional letter of reference and organisational support, should be someone who can legitimately authorise your use of your contracted hours in an ARC fellowship, e.g. your Chief Executive or Clinical Director. b) Referee 2 should as an individual able to provide a professional reference for you and c) Local Enabler who will supervise you in the implementation of your project.

**Referee 1: Name of Institutional Chief Executive/Clinical Director:**

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| **Name:** |
| **Position:** |
| **Institution/Organisation:** |
| **Work address:** |
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|  |
| **Work telephone:** |
| **Work E-mail:** |

**Referee 2. Professional Referee**

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| **Name:** |
| **Position:** |
| **Institution/Organisation:** |
| **Work address:** |
|  |
|  |
|  |
| **Work telephone:** |

**3. Local enabler**

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| **Name:** |
| **Position:** |
| **Institution/Organisation:** |
| **Work address:** |
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|  |
|  |
| **Work telephone:** |

**PART II: STATEMENT OF PROFESSIONAL OBJECTIVES**

*Maximum 250 words for each question unless otherwise stated.*

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| **A. Please provide a brief statement describing why you are applying for an ARC Implementation Fellowship and how you think you would use your fellowship experience in your future career.**  |

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| **B. Please describe your interest in implementing evidence to improve the quality of health- and/or social-care services.** |

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| **C Please describe any professional accomplishments and/or experience that you feel best demonstrate your qualifications or potential to take advantage of the ARC Implementation Fellowship.**  |

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| **D. Please give at least one example of how you have demonstrated effective communication and influencing skills, and how you have demonstrated an ability to lead service change.**  |

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| **E. Please outline the implementation project that you would like to undertake during a fellowship (maximum one page).** **Please use the following headings (a) aims, (b) evidence to be implemented; (c) how adaptation of such evidence will fit the context requiring change; (d) how you will identify and work with influencers to move this implementation forward (e) how success will be evaluated.** |

*Please email the completed form to Nicole Jones, Senior Programme Support Officer,* *Nicole.Jones@cpft.nhs.uk*