**Mike Emmerson International Fellowship Application Form**

**IMPORTANT: SUBMITTING AN APPLICATION**

**Applicants must submit an electronic emailed version** of the completed application including all accompanying documents, including:

* Letters of support
* And a signed copy of The HIS Terms and Conditions form
* Abridged C.V. of the Applicant and the Sponsor (no more than 2 A4 pages)
* Ethics committee approval & Risk Assessments (only applicable if research undertaken)

to: [grants@his.org.uk](mailto:grants@his.org.uk?subject=MECA%20application) Subject: MEIF Application from *(name)*.

Applications are treated as strictly confidential and will be subject to multiple phases of review that may include external review.

**NOTES on completing this form:**

* The application form must not be altered in any way.
* **Please complete all sections. If a section is not relevant, please insert the phrase ‘N/A’. Do not leave any box blank.**
* Read all the notes carefully before completing this form. If a section has a word limit, it is indicated in the section heading (e.g. Limit: 500 words).
* Text can include figures and references, although the references will be included in the word count. If figures are required, they must be inserted within the relevant section, appropriately labelled and a figure reference (e.g. Fig-01) given within the text.
* All abbreviations and acronyms must be fully defined when first used (except for standard scientific acronyms e.g. DNA, RNA).

If you have any queries, please contact HIS via email: [grants@his.org.uk](mailto:grants@his.org.uk?subject=MECA%20application)

**Support from Other Sources**

The Healthcare Infection Society does not co-fund the fellowships and would only consider doing so in exceptional circumstances if a particular joint call for applications was advertised. It is important that applicants state whether any financial support from another funding body is already provided and or is being applied for on the application form. Please contact HIS for clarification prior to submitting an application if required.

Further details can be found in our Policies, Regulations and Conditions of support.

# Mike Emmerson International Fellowship

# Section 1: Applicant details

## Section 1.1: Primary Applicant Details

|  |  |
| --- | --- |
| **Personal Details** |  |
| Title |  |
| First name |  |
| Family name |  |
| Current Position |  |
| Clinical Speciality /Stage |  |
| E-mail: |  |
| Telephone: |  |
| Professional memberships |  |
|  |  |
| **Full Work Address:** |  |

## Section 1.2: Sponsor Details

|  |  |
| --- | --- |
| **Personal Details** |  |
| Title |  |
| First name |  |
| Family name |  |
| Current Position |  |
| Clinical Speciality /Stage |  |
| E-mail: |  |
| Telephone: |  |
| HIS member number |  |
| Member since |  |
|  |  |
| **Full Work Address:** |  |

# Section 2. Proposed fellowship

|  |  |
| --- | --- |
| **Details of the fellowship** |  |
| Proposed start date |  |
| Length of the fellowship |  |

|  |
| --- |
| Please provide a brief description of what you plan to do during your fellowship.  Limit: 400 words (Text box will expand to fit) |
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| Please provide a list of main objectives you would like to meet by the end of the proposed fellowship  (Text box will expand to fit) |
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# Section 3: Applicant statements

Section 2 concerns the details of the proposed observership and must be completed by the Applicant.

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| Section 3.1: Personal development |
| Please provide a brief statement explaining what you hope to gain from the fellowship  Limit: 200 words (Text box will expand to fit) |
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| --- | --- | --- | --- |
| |  | | --- | | Section 3.2: Challenges | | Please explain your experience of HCAI/IPS in your institution and how undertaking this fellowship will help you and your institution to overcome the challenges you face  Limit: 1000 words (Text box will expand to fit) | |  |  Section 3.3: Impact of the fellowship |
| Please explain how you plan to build on your fellowship experience and what impact you would like to see for yourself and your institution in the next 5 to 10 years?  Limit: 250 words (Text box will expand to fit) |
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| Section 3.4: Financial needs |
| Please outline below the costs you anticipate, which will allow you to undertake this fellowship.  *Note*: HIS will provide the funds up to the maximum of £2,500 pounds. If your estimated costs exceed this amount, please provide a brief statement how the excess will be covered.  (Text box will expand to fit) |
|  |

# Section 4: Supporting arrangements

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| Section 4.1: Supporting statement from sponsor (host Institution) |
| Please provide a brief statement explaining how you will support the Applicant during their Fellowship, including how you will help the Applicant meet their objectives  Limit: 400 words (Text box will expand to fit) |
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| Section 4.2: Supporting statement from line manager (Applicant’s institution) |
| Please provide a brief statement explaining how the proposed fellowship will benefit your institution  Limit: 400 words (Text box will expand to fit) |
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# Section 5. Signatures

|  |  |
| --- | --- |
| **Applicant (signing in their personal capacity)** | |
| Print Name |  |
| Position |  |
| Institution |  |
| By selecting this box, I confirm that I have not accepted and will not seek the funding from another source to cover the cost of this fellowship (*select the box by double-clicking and choosing the ‘checked’ option*) | |
| Signature  Date |  |

|  |  |
| --- | --- |
| **Sponsor (confirming that the Host institution is willing to support the Applicant’s Fellowship)** | |
| Print Name |  |
| Position |  |
| Institution |  |
| Signature  Date |  |

|  |  |
| --- | --- |
| **Supervisor/Line Manager of the Applicant’s Institution (confirming that the Applicant will be released from their duties to pursue the Fellowship)** | |
| Print Name of Institution |  |
| Print Name of authorised signatory |  |
| Position of authorised signatory |  |
| Signature  Date |  |

# Section 6. Research project

Please select an appropriate box by double-clicking and choosing the ‘checked’ option. If you do not wish to undertake the research project, this will not impact the outcome of your application.

|  |
| --- |
| **Are you planning to undertake a research project during your fellowship? Yes**  **No** |

## Section 6.1: Details of the Research project

|  |  |  |
| --- | --- | --- |
| Please only complete the following sections if you answered ‘yes’ to the above question.   |  | | --- | | Please provide a brief description of the research project you plan to undertake.  Limit: 400 words (Text box will expand to fit) | |  | |

## Section 6.2: Ethical considerations

You must provide sufficient information in each of the relevant sections below to show how the proposed project will adhere to the MRC’s guidance on good practice for research involving human participants.

If ethical approval has not yet been given, please note that award of any grant will be contingent on the necessary ethical approval having been obtained.

|  |
| --- |
| 6.2.1: Human Participants |
| **Does this project involve the use of human participants or human tissue? Yes**  **No** |
| Give any further information below: |
|  |

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| --- |
| 6.2.2: Setting |
| Based on direct patient contact, indicate whether the research involves a particular medical setting such as primary care or secondary care Where the project is to be conducted across multiple healthcare settings or institutions, please provide details about how this will be managed. |
|  |
| 6.2.3: Approvals |
| **Approvals – Please attach this documentation to your application:** |
| |  |  |  |  | | --- | --- | --- | --- | | Have the following necessary approvals been given by: | | | | | The Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC)? | Yes | No | Not required | | | The Health Research Authority (England only)? | Yes | No | Not required | | | Local governance committees | Yes | No | Not required | | | Local R&D Office | Yes | No | Not required | | | Local Health & Safety committee | Yes | No | Not required | | | Local GMSC/HSE as needed | Yes | No | Not required | | |
| Please provide explanation below: |
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| 6.2.4: Data Management Plan |
| Please detail the facilities and infrastructure available in order to manage data storage and data sharing. Indicate how data will be archived and what processes are in place to ensure best practice  Limit: 200 words (Text box will expand to fit) |
|  |

# Section7: Checklist

After completing the application form, complete the checklist below to ensure that everything is included with the application. Where applicable place an ‘X’ in the relevant box. If not applicable please indicate that the item is not relevant to this application by inserting ‘N/A’.

|  |  |
| --- | --- |
| **ITEM** | **‘X’ or N/A** |
| Application form fully completed |  |
| Confirm that the Application form has been signed by all |  |
| Signed Terms and Conditions form attached |  |
| Applicant and Sponsor CVs attached |  |
| Ethics committee’s letter of approval (if applicable) attached |  |

Indicate if there are any additional documents that you are submitting with this application form (not including those stated above) and give relevant names of the supporting documents.

|  |  |  |
| --- | --- | --- |
| **Additional Items** | | |
| Number of additional (not listed above) documents submitted: | |  |
| Filenames/Reference: |  | |

All information contained within this application form will be treated by HIS as strictly confidential, but note that we may rely on external referees to assess your application. Applications are sent to reviewers in strictest confidence.