**Healthcare Scientist (HCS)**

**Knowledge Transfer Partnership Programme (KTP)**

**Application Form**

**CLOSING DATE FOR APPLICATIONS: Friday 12 January 2024 at noon**

**INTERVIEWS FOR SHORTLISTED CANDIDATES:**

**19 February 2024 – 1 March 2024**

Please complete and return this application form via email ([HCS-KTP@lgcgroup.com](mailto:HCS-KTP@lgcgroup.com)) with **HCS KTP Programme Application** in the subject line.

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

**APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | | | | | | | | |  | | Title | | |
|  | | | | | | | | |  | |  | | | |
| Forename(s) in full | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | |
| **Trust**  Address (to be used for all correspondence)  Telephone number  Mobile number | | | |  | | E-mail | | | | | | | | |
|  | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  | | UK Resident | | | | | | | | |
|  | |  | | | | | | | | |
|  | | Current 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) | | | | | | | | | | | | | | |
| 1. How does this project idea align to the long-term strategic plans for the UK healthcare system? (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, healthcare 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 | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |  | |
| I confirm that I can attend the interview dates, dedicate a minimum of 10 days to the KTP project and that I meet the eligibility criteria of the programme | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |  | |
| I confirm that I have enclosed a letter of support from my Employer | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature |  | | | | Date | |  | | | | | | |  |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | |  | |
| Date Received | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Employer’s letter received** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | Date Acknowledged | Sections Incomplete | | | | | Reference Number | | | | | | |