**The Faculty of Intensive Care Medicine and National Institute for Health Research Clinical Research Network Awards - Established Clinician**

**To recognise NHS consultants, SAS doctors and doctors in training who are active in research**

Please send completed applications to **ficmcrnawards@nihr.ac.uk** by **midnight on 3 February 2022**.

Please note:

* Do not send any additional information as the panel will only review information contained within the form
* The pages will expand as you type, but please note the word limit for each section

| **Your details** | **Your answer** |
| --- | --- |
| Name | Your answer |
| Job title | Your Answer |
| Employing organisation | Your Answer |
| Email | Your Answer |
| Telephone | Your Answer |
| Category of application:Consultant/SAS doctors | Your Answer |
| Study Name & CPMS Number (if known) | Your Answer |
| I confirm - I hold a substantive NHS contract and I am not employed by a university (honorary university contracts in addition to NHS contracts are acceptable) | Yes/No (delete as applicable) |
| I confirm that I am a Fellow/Associate Fellow/Member/Associate Member/trainee member of the Faculty of Intensive Care Medicine | Yes/No (delete as applicable) |
| Membership Number:  | Your Answer |

Please describe how your clinical leadership has enabled your organisation to increase participation in NIHR CRN clinical studies. The panel will look for a measurable step change in the local environment for research. **WORD LIMIT = 500 words**

Please describe how you have engaged with patients to inform them of new opportunities to participate in NIHR CRN clinical research. **WORD LIMIT = 500 words**

Please describe how you have contributed to the successful delivery of NIHR Clinical Research Network Portfolio studies. **WORD LIMIT = 500 words**

Clearly set out how you would use the prize money to increase or begin your contribution to NIHR Clinical Research Network Portfolio studies in the future.

**WORD LIMIT = 300 words**

| **Applicant’s Declaration** | **Your Answer** |
| --- | --- |
| By submitting this form I agree for this form to be shared between the Clinical Research Network, the Faculty of Intensive Care Medicine, and members of the panel that will judge applications for the purposes of judging entries for the award  | Yes/No (delete as applicable) |
| I confirm that I am happy for the information provided to be used in an innovative news feature by NIHR CRN/FICM  | Yes/No (delete as applicable) |
| I confirm that I am happy for information provided to be retained until the applications have been reviewed and winners have been notified. Winning and highly commended applications will be retained as examples of good practice.  | Yes/No (delete as applicable) |

Date:

Applicant’s signature: