

**BCS-HRUK Clinical Training Fellowships**

**Fellowship 2: One Team Placement - for up to six members of each team for one week**

The BCS-HRUK fellowships offer clinical top-up training and opportunities to gain new clinical skills or experience, for a broad spectrum of the NHS workforce practicing in the cardiovascular arena.

The fellowships are awarded to support a visit to a cardiology centre, which may be in the UK, Ireland or elsewhere in the world. The fellowship application process is open to trainee and consultant cardiologists, cardiology nurse specialists, Cath-lab staff, physiologists & scientists and other AHP groups. There is one fellowship award available under this scheme. Please note that **ALL applicants**, irrespective of the type of fellowship award, must be fully paid-up ordinary members or joint members of the British Cardiovascular Society. If not a member candidates may sign up for membership before application submission, noting that inclusion of the membership number is mandatory to the application form.

**Deadline for all fellowship applications – 11.59pm on Sunday 5 November 2023**

**Fellowship Two:**

**One team placement** for up to six members of each team (composition can be any NHS employees in the cardiovascular workforce) to visit a global centre of excellence for one week to observe a specific pathway of care or specific procedure for which there are plans for adoption back in the UK host centre.

This could suit a cath-lab team in complex intervention, structural intervention, EP/devices, paediatric or adult congenital HD, or an imaging department planning to start a new clinical service (e.g., cardiac CT or CMR). The fellowship funding would be used to contribute towards travel, accommodation, salary and any local medical regulatory/certification costs.

Successful candidates will be expected to provide a full report of their experience within one month of completion and a short video clip detailing their experience which will be used to promote the scheme. All fellowships must be completed by end May 2024. It is expected that each individual/ team will provide a short talk on their experience at BCS Conference in June 2024.

Maximum award value per team fellowship: £13,000

**Application Form**

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| **Lead Applicant Name/ Title** |  |
| Current Post & Hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |
| BCS Membership Number: |  |
| **Please note that applicants *must* be a fully paid up ordinary member or joint member of the British Cardiovascular Society.** |

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| **Overseas Fellowship Post details** |
| Hospital, City, Country |  |
| Supervising Consultant / Professor |  |
| Start date & duration of fellowship |  |
| Details of job role/description |  |

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| --- | --- |
| **Applicant Name/ Title****(2nd Team Member)** |  |
| Current Post & Hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |
| BCS Membership Number: |  |
| **Please note that applicants *must* be a fully paid up ordinary member or joint member of the British Cardiovascular Society.** |

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| **Applicant Name/ Title****(3rd Team Member)** |  |
| Current Post & Hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |
| BCS Membership Number: |  |
| **Please note that applicants *must* be a fully paid up ordinary member or joint member of the British Cardiovascular Society.** |

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| **Applicant Name/ Title****(4th Team Member)** |  |
| Current Post & Hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |
| BCS Membership Number: |  |
| **Please note that applicants *must* be a fully paid up ordinary member or joint member of the British Cardiovascular Society.** |

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| **Applicant Name/ Title****(5th Team Member)** |  |
| Current Post & Hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |
| BCS Membership Number: |  |
| **Please note that applicants *must* be a fully paid up ordinary member or joint member of the British Cardiovascular Society.** |

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| **1. Describe your current skills, experience and competencies relevant to the fellowship. (300 words)** |
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| **2. Describe your specific objectives for this fellowship. (300 words)** |
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| **3. Describe the beneficial effects of the fellowship to your NHS organization or the wider NHS and how you plan to implement the new skills that you have learnt. (300 words)**  |
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| **4. Please provide any further information to support your application. (300 words)** |

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**Projected Expense Form**

# Please complete the form to project the expenses regarding the fellowship:

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Fellowship sites: |  |
| Fellowship duration: |  |
| No of delegates/ team |  |
| Dates |  |
|  | Relocation costs (where applicable) |  |
|  | Air fares (Economy only) |  |
|  | British Rail (**Advance** Second Class is acceptable) |  |
|  | Car mileage @ 45p per mile  |  |
|  | Taxis |  |
|  | Tube |  |
|  | Parking |  |
|  | Accommodation |  |
|  | medical regulatory/certification costs |  |
|  | Other (specify) |  |
|  | TOTAL |  |

### Please save your expenses receipts to include in your fellowship report. Without receipts reimbursement will NOT be possible. The fellowship monies are paid via bank transfer. If you have any queries please contact finance@bcs.com.

In order to progress your application, please submit the following:

* **Completed application form including all signatures**

### **Curriculum vitae (full CV for lead applicant; maximum 2 pages for co-applicants)**

* **Draft itinerary/timetable for the week(s)**

### **Letter of invitation/acceptance from the visiting centre Head of Department**

### **Letter of acceptance from Clinical Director/Dean of applicants UK employer**

### **Letter of support from their Training Programme Director (if a registered cardiology trainee)**

Please save your completed application along with accompanying documentation **as one PDF document** and send to executivepa@bcs.com.

🞏 *I confirm that all of the details above are correct and that all organisational approvals including study leave have been granted/confirmed.*

🞏 *Should I be awarded a fellowship, I will send a final report to BCS head office not later than one month after the end of the fellowship. I will acknowledge BCS support in any publication based on the work supported by the fellowship.*

🞏 *I will immediately inform BCS head office, if my work at the hosting institution has to be interrupted for a period lasting more than one week or if it has to be terminated early for any reason whatsoever.*

🞏 *I agree that BCS may process my personal data in the course of the evaluation of my application and consent to publishing my name as participant of the BCS-HRUK Clinical Training Fellowship programme, either electronically or in print format.*

*In processing this Application, BCS shall observe and comply with all applicable current and future data privacy and security laws, including without limitation the General Data Protection Regulation (“GDPR”). BCS further represents and warrants that: (i) any personal data processed will only be processed for the review of this Application; (ii) BCS will maintain effective information security measures to protect personal data from unauthorized disclosure or use; (iii) BCS will delete or return all personal data at the applicant’s request and upon termination of the Agreement; and (iv) if the consultants, employees or agents of BCS have access to the personal data under the terms of this Application, BCS will ensure such persons with access to the personal data will keep it confidential.*

**Authorisation:**

NAME (LEAD APPLICANT):

SIGNATURE:

DATE:

**Other co-applicant signatures (Fellowship 2 only):**

I agree fully to the BCS terms and conditions of this fellowship award:

1. NAME:

SIGNATURE: DATE:

1. NAME:

SIGNATURE: DATE:

1. NAME:

SIGNATURE: DATE:

1. NAME:

SIGNATURE: DATE:

1. NAME:

SIGNATURE: DATE:

**Organisational approval:**

I confirm that the details above are correct and that all named members of staff have organisational approval for professional leave, to fully cover the FULL period of the fellowship:

NAME (CLINICAL DIRECTOR/DEAN of employer organisation):

SIGNATURE:

DATE:

ORGANISATION NAME:

**Details of host centre:**

NAME (CLINICAL DIRECTOR of host organisation):

SIGNATURE:

DATE:

ORGANISATION NAME: