



**Celebrating 100 years of the BCS**

**BCS-HRUK Clinical Training Fellowships**

**Fellowship 3: One Individual Clinical Placement for a Healthcare Professional – for up to one month**

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 are three fellowship awards 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 – 17th April 2023**

**Fellowship Three:**

**One individual clinical placement for a Healthcare Professional** (e.g. nurse specialist, technologist, clinical scientist, pharmacist, physiologist), for up to 1 month to a global centre of excellence to learn new practical skills or pathways of care, for which there are plans for adoption back in the UK host centre. 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. It is expected that each individual/ team will provide a short talk on their experience at the BCS Annual Conference.

Maximum award value of fellowship: £15,000.

**Application Form**

|  |  |
| --- | --- |
| **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.** | |

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

|  |
| --- |
| **1. Describe your current skills, experience and competencies relevant to the fellowship. (300 words)** |
| |  | | --- | | **2. Describe your specific objectives for this fellowship. (300 words)** | |  | | **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)** | |  | | **4. Please provide any further information to support your application. (300 words)** | | |

**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](mailto:finance@bcs.com).

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

* **Completed application form including all signatures**

### **Curriculum vitae**

* **Draft itinerary/timetable**

### **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 [sarah.wright@bcs.com](mailto:sarah.wright@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 (APPLICANT):

SIGNATURE:

DATE:

**Organisational approval:**

I confirm that the details above are correct and that the named member of staff has 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: