# Nursing Now Fellowship Challenge Programme – Application form

# **Annex 1 – Nurses' AND MIDWIVES’ DETAILS**

**This form should be completed by the LMIC Nurses/Midwives nominated by their Health Partnership to participate in the Fellowship programme, in collaboration with their Health Partnership’s lead(s).**

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

*This Annex, the Fellowship Application Form for Health Partnerships (see separate Word document), along with the nominated nurses’ and midwives’ CVs, and letters of support from each of the lead partners, should be completed and submitted to* [*grants@thet.org*](mailto:grants@thet.org) *by noon (BST) on Monday 4th October 2021. If you do not receive an acknowledgment of your application from us within two UK working days, please assume we have not received your application and re-submit with evidence of your earlier submission such as a dated email.*

*THET will not be able to accept applications which have used their own template.*

## LMIC Fellows’ Details and Motivation

**Please complete the table below with details of the LMIC Nurses/Midwives nominated for a Fellowship.**

If more than four LMIC Nurses/Midwives have been nominated to represent your Partnership, please duplicate the table. Please note that due to limited availability, THET might not select all the nominated nurses and midwives from the same Partnership.

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| **LMIC FELLOW 1** | | | | | |
| **Fellow’s details** | | | | | |
| First name |  | | | Last name |  |
| Email address |  | | | Phone No. or Skype ID |  |
| Name of Organisation/ Institution employing the Fellow (and part of the Partnership) |  | | | Department |  |
| Institution’s address |  |
| Country |  | | | | |
| **Fellow’s qualification and experience** | | | | | |
| Current Position |  | | | Seniority level / Band |  |
| Please list your Academic and Higher Professional Qualifications (starting with most recent): | | | | | |
| Academic Institution | | Qualification | | | Subject |
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| Please list your employment history from the past 3 years, including present position (include end date for current contract). List should start with current post and read in reverse chronological order: | | | | | |
| Department & Institution | | Post held | | | Dates |
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| Please list any other relevant experience, including research experience and publication(s): | | | | | |
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| **Fellow’s Motivation** | | | | | |
| What motivates you to becoming a Nursing Now Challenge Fellow? | | | | | |
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| What do you expect to achieve from taking part in this Fellowship programme? | | | | | |
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| How do you envisage your participation in the Fellowship programme will benefit the Health Partnership and/or your institution? How will you evidence the Fellowship’s contribution to your own personal and professional development as well as to the partnership? | | | | | |
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| Why do you think you are the right person to be selected for this Fellowship? | | | | | |
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| **QI project -** Do you have any initial idea(s) on the QI project you would like to develop as part of this programme? (if applicable) | | |  | | |

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| **LMIC FELLOW 2** | | | | | |
| **Fellow’s details** | | | | | |
| First name |  | | | Last name |  |
| Email address |  | | | Phone No. or Skype ID |  |
| Name of Organisation/ Institution employing the Fellow (and part of the Partnership) |  | | | Department |  |
| Institution’s address |  |
| Country |  | | | | |
| **Fellow’s qualification and experience** | | | | | |
| Current Position |  | | | Seniority level / Band |  |
| Please list your Academic and Higher Professional Qualifications (starting with most recent): | | | | | |
| Academic Institution | | Qualification | | | Subject |
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| Please list any other relevant experience, including research experience and publication(s): | | | | | |
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| **Fellow’s Motivation** | | | | | |
| What motivates you to becoming a Nursing Now Challenge Fellow? | | | | | |
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| Why do you think you are the right person to be selected for this Fellowship? | | | | | |
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| **QI project -** Do you have any initial idea(s) on the QI project you would like to develop as part of this programme? (if applicable) | | |  | | |

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| **LMIC FELLOW 3** | | | | | |
| **Fellow’s details** | | | | | |
| First name |  | | | Last name |  |
| Email address |  | | | Phone No. or Skype ID |  |
| Name of Organisation/ Institution employing the Fellow (and part of the Partnership) |  | | | Department |  |
| Institution’s address |  |
| Country |  | | | | |
| **Fellow’s qualification and experience** | | | | | |
| Current Position |  | | | Seniority level / Band |  |
| Please list your Academic and Higher Professional Qualifications (starting with most recent): | | | | | |
| Academic Institution | | Qualification | | | Subject |
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| Please list any other relevant experience, including research experience and publication(s): | | | | | |
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| **LMIC FELLOW 4** | | | | | |
| **Fellow’s details** | | | | | |
| First name |  | | | Last name |  |
| Email address |  | | | Phone No. or Skype ID |  |
| Name of Organisation/ Institution employing the Fellow (and part of the Partnership) |  | | | Department |  |
| Institution’s address |  |
| Country |  | | | | |
| **Fellow’s qualification and experience** | | | | | |
| Current Position |  | | | Seniority level / Band |  |
| Please list your Academic and Higher Professional Qualifications (starting with most recent): | | | | | |
| Academic Institution | | Qualification | | | Subject |
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| Please list your employment history from the past 3 years, including present position (include end date for current contract). List should start with current post and read in reverse chronological order: | | | | | |
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| Please list any other relevant experience, including research experience and publication(s): | | | | | |
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| **QI project -** Do you have any initial idea(s) on the QI project you would like to develop as part of this programme? (if applicable) | | |  | | |

*Please duplicate the above table for each additional nurse/midwife nominated.*