# the eldryd parry fellowship

# Application form

This document should be read in conjunction with the ***The Eldryd Parry Fellowship Call for Applications*** document.

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

**Please submit this application form, the Fellowship Candidate’s CV, and letters of support from both institutions to** [**grants@thet.org**](mailto:grants@thet.org) **by 5pm (BST) on Friday 26th July 2024.**

If you do not receive an acknowledgment from us within five UK working days, please assume that your application has not been received and re-submit.

## 1. Summary Details

|  |  |
| --- | --- |
| **Lead Nigerian partner institution** |  |
| **Email address** |  |
| **Lead UK partner institution** |  |
| **Email address** |  |
| **Fellowship Candidate** |  |
| **Email Address** |  |
| **Project title** |  |
| **Country** |  |
| **Project budget (£)** |  |
| **Project summary:** Briefly describe the planned project and summarise the rationale, identified needs and opportunities, intended outcomes, and the main activities of the project. *(Maximum 300 words)* | |
|  | |

## 2. partnership details

2.1 Tick the box that best describes each lead institution. Please note that if you do not tick any of the boxes, your application will be ineligible for funding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lead UK Partner** | |  | **Lead Nigerian Partner** | |
| ☐ | NHS Hospital or Trust | ☐ | Public/not-for-profit Hospital |
| ☐ | Health Training/Education or Academic Institution | ☐ | Health Training/Education or Academic Institution |
| ☐ | Regulatory Body (health sector) | ☐ | Regulatory Body (health sector) |
| ☐ | Professional Membership Association | ☐ | Professional Membership Association |

2.2 Please provide contact details for *all* partners involved in this application. Please note that a partner here is defined as an organisation that is formally and institutionally involved in the project and partnership (i.e. the relationship is, or will be, formalised through an MoU or contract, and is not just the involvement of one individual associated with the organisation).

|  |  |  |
| --- | --- | --- |
| **Lead Nigerian partner** | | |
| Institution |  | |
| Lead LMIC project lead  (name, role/position, profession) |  | |
| Address |  | |
| Email |  | |
| Telephone number(s) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |
| **Lead UK partner** | | |
| Institution |  | |
| Lead UK project lead  (name, role/position, profession) |  | |
| Address |  | |
| Email |  | |
| Telephone number(s) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |

2.3 Briefly describe the history of the Health Partnership *(Maximum 100 words)*

|  |
| --- |
|  |

## 3. Justification

3.1 Describe how the needs of the project were identified and how your project addresses the need *(Maximum 200 words)*

You might want to include contextual issues which are relevant to this application such as:

* The operational environment at the institution the project will be delivered.
* The health system, or part thereof, in which the relevant department(s)/ institution(s)/ location(s) is situated.
* Relevant stakeholders, their needs, and whether these needs could overlap/clash.
* How, and how well, needs are currently being met.

|  |
| --- |
|  |

3.2 Describe how this project will help you develop your leadership skills and your professional development *(Maximum 200 words)*

You might want to include details on:

* New skills you will acquire through this project.
* Your ambitions and goals that this project will help you work towards.
* Any other motivations for wanting to participate in the Fellowship.

|  |
| --- |
|  |

## 4. Project activities

Please list your project activities and provide details on how it links to your overall intended outcome *(Maximum 300 words)*

You might also want to include:

* How your changes will be sustained beyond the lifetime of the project.
* How your project addresses issues relating to Gender Equality and Social Inclusion (GESI).
* How the partnership will support the Fellowship.

|  |
| --- |
|  |

## 5. Budget

We have set out some suggested sub-categories but please note that they are not mandatory. Please complete the budget using the format below (maximum £5,000 available):

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)** | **Cost (£)** |
| **Project management** | Communications |  |  |
| Other (please specify) |  |  |
| **Activity costs**  (Please add more rows if necessary) | Publication costs |  |  |
| Ethical approval for research |  |  |
|  |  |  |
|  |  |  |
| **Travel** | In-country travel |  |  |
| Subsistence |  |  |
| Accommodation |  |  |
| **Contingency** (e.g. bank charges) | (If applicable) |  |  |
| **Total (max. £5,000 available)** | | **£** | |