### NDTP Aspire Fellowship 2019-2020 Application Form

Please return all completed application forms by email to ellen.odoherty@hse.ie ***on or before*** 8th November 2019 at 5pm.

1. **Title:**

(Please state the title of the proposed *Aspire* Fellowship)

1. **Duration of the fellowship:**

(It is expected that most fellowships will be of a 12-month duration, however fellowship proposals up to 24 months will be considered)

1. **Primary Clinical Lead/Assigned Supervisor’s Details:**

|  |  |
| --- | --- |
| **Name** | **Organisation**  |
|  |  |
| **Email**  | **Telephone no.** |
|  |  |

1. **Location of the Fellowship:**

(Fellowships may be in one site for the full duration, however proposals which offer appropriate dual, multiple sites or an international component will be considered)

1. **Please provide a summary of the fellowship below (min 200 / max 500 words):**

(include how this post CSCST fellowship would provide a quality experience, etc)

1. **Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (max 300 words):**
2. **Describe the opportunities for audit and research (max 300 words):**

|  |
| --- |
| 1. **Outline the value of the proposed fellowship to the health services (max 600 words):**
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Please frame your response under the following headings as applicable:

1. Identified unmet patient need
2. Speciality and service priorities / particular workforce requirement
3. Niche area, particular skillset acquisition
4. Unavailability of such training in Ireland currently
5. The potential benefits to the Irish health service and patients

**Name of the Clinical Lead/Assigned Supervisor:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Clinical Lead/Assigned Supervisor:** (electronic signature is acceptable)

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