2025 Introductory Clinical Research Fellowship Application Form

**Please use this as a guide for completing the online application form.**

**Please do not submit this form**.

For guidance: *Questions marked with* ★ *in this form* *are mandatory in the online form and*

*cannot be left unanswered.*

Access the online application form via this link:

<https://qualtrics.kcl.ac.uk/jfe/form/SV_8jPGkvgLpeNOLpI>

**NIHR Maudsley Biomedical Research Centre 2025 Introductory Clinical Research Training Scheme**   
  
**Stage One Application** Applying to this programme is a two-stage process. This is **Stage One** where we ask you to inform us of your qualifications and relevant experience, your motivation for applying to this programme and your future career plans.

Successful candidates will be notified by Tuesday 24 June and invited to **Stage Two** which will comprise a panel interview.  Interviews are planned to take place on Thursday 03 July 2025.  *We will only request references for candidates who progress to Stage Two.*  

Recruitment is conducted to ensure Equality, Diversity and Inclusion (EDI).  At Stage One, candidate identification information will be removed before the application is shared with the panel.   
    
Visit the [King's College London website](https://www.kcl.ac.uk/news/nihr-maudsley-brc-introductory-clinical-research-training-fellowships) for more information about the application process. **The submission deadline for Stage One applications is** **23:59 BST on Monday 09 June 2025.**

**Eligibility** Please read the [Eligibility](https://www.kcl.ac.uk/news/nihr-maudsley-brc-introductory-clinical-research-training-fellowships) criteria and confirm you are eligible to apply.   
*If you do not meet the requirements, please do not begin an application.*

★ I confirm I have read the Eligibility and Entrance Requirements and I am eligible to apply

**Contact details** The information you provide in this section will be removed before your application is shared with the review panel.

★ Title

* Mr
* Mrs
* Miss
* Ms
* Mx
* Other - please say \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

★ Name

First name/s

Preferred first name / nickname

Middle name/s

Last name

★ Current role:

Job title

FROM (date format dd/mm/yyyy)

★ Current employer  If you are employed by more than one KHP trust, please select all that apply.

* South London & Maudsley NHS Foundation Trust
* Guy's & St Thomas' NHS Foundation Trust
* King's College Hospital

★ Please indicate which regulatory body you are registered with

* Academy for Healthcare Science (AHCS)
* British Association for Behavioural and Cognitive Psychotherapies (BABCP)
* British Association for Counselling and Psychotherapy (BACP)
* General Chiropractic Council (GCC)
* General Dental Council (GDC)
* General Optical Council (GOC)
* General Osteopathic Council (GOsC)
* General Pharmaceutical Council (GPhC)
* Health and Care Professions Council (HCPC)
* Nursing and Midwifery Council (NMC)
* Social Work England
* UK Council for Psychotherapists (UKCP)
* UK Public Health Register
* Other Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

★ Please provide your registration number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

★ **Email address and telephone number**   
Please enter a contact email address that you check regularly.  We will use this address to inform you of your application outcome.  We may need to contact you by phone.

Email address

Phone number

★ Workplace Address

Address line 1

Address line 2

Town

City / County

Postcode

**Referee**   
The information you provide in this section will be removed before your application is shared with the review panel.   
    
A reference will only be requested if you progress to Stage Two of the application process for this programme.     
    
Please provide contact details for one referee who should be the supervisor for your first-choice project, or the supervisor for your self-designed project if you are submitting your own proposal. Your referee must have a valid university email addresses.  Personal email addresses are not acceptable.

★ **Referee**

Title

First name

Last name

Position

Organisation

Contact email address

**Research Interests / Motivation**   
    
This section is about your research interests and motivation to pursue an introductory clinical research training placement with the NIHR Maudsley Biomedical Research Centre at King's College London. **IMPORTANT:**  Please ensure that you do **not** enter any personal details in this section of the application; for example: Name, Age, Gender, etc. The responses given here will be passed to the selection panel and need to adhere to blinding measures.

**Project choices** Please list the project/s you are most interested in from the[**Project List**](http://www.kcl.ac.uk/ioppn/assets/nihr-maudsley-brc/nihr-maudsley-brc-website-project-details.docx) for this scheme. Please list in order of preference a minimum of 1 project and maximum of 3 projects.  Ensure you include the code and full title for each project.  For each project choice please use a maximum of 200 words to tell us why you are interested in the project. Please see below if you wish to submit your own project proposal.

1. ★ Project Choice 1: Enter code and full title

★ Why are you interested in the above project? Maximum 200 words

1. Project choice 2: Enter code and full title

Why are you interested in the above project? Maximum 200 words

1. Project Choice 3: Enter code and full title

Why are you interested in the above project? Maximum 200 words

Do you wish to submit your own project proposal?

* Yes
* No

If you wish to submit your own project proposal, please upload the file here.  Please ensure you use the project proposal template.  Proposals that have been submitted in any other format will not be considered by the panel.

★ How would an Introductory Clinical Research Training placement contribute to your professional and career aspirations? *Maximum of 1200 characters including spaces (approximately 200 words).*

**Degrees and Qualifications**    
    
Please enter your qualifications with the most recent listed first.  Please list only your degree/s and any relevant professional qualifications you have been awarded or are currently working towards.*A' Levels or equivalent qualifications should* ***not*** *be listed.* **IMPORTANT:**  Please ensure that you do **not** enter any personal details in this section of the application; for example: Name, Age, Gender, etc. The responses given here will be passed to the selection panel and need to adhere to blinding measures.

★ **Qualification 1**   
This should be your most recent qualification.

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Qualification

Subject

Institution

Country

Grade / Class

Please state if the above grade / class is 'Awarded' or 'Predicted'

**Qualification 2 (Optional)**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Qualification

Subject

Institution

Country

Grade / Class

Please state if the above grade / class is 'Awarded' or 'Predicted'

**Qualification 3 (Optional)**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Qualification

Subject

Institution

Country

Grade / Class

Please state if the above grade / class is 'Awarded' or 'Predicted'

**Qualification 4 (Optional)**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Qualification

Subject

Institution

Country

Grade / Class

Please state if the above grade / class is 'Awarded' or 'Predicted'

**Qualification 5 (Optional)**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Qualification

Subject

Institution

Country

Grade / Class

Please state if the above grade / class is 'Awarded' or 'Predicted'

**Relevant Experience** Please list first the most recent position before your current employment.  You are not required to include your current employment in this section.     **IMPORTANT:**  Please ensure that you do **not** enter any personal details in this section of the application; for example: Name, Age, Gender, etc. The responses given here will be passed to the selection panel and need to adhere to blinding measures.

**Position 1 (optional):**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Position

Organisation

**Position 2 (optional):**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Position

Organisation

**Position 3 (optional):**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Position

Organisation

**Position 4 (optional):**

FROM (date format dd/mm/yyyy)

TO (date format dd/mm/yyyy)

Position

Organisation

**Mitigating Factors - Optional** Enter details of any mitigating factors here. Please use this section to detail any factors you wish to make the review panel aware of.  This could include periods of parental or long-term sick leave, or if you had caring responsibilities. You can also include any periods where you were unable to work / study because of the COVID-19 pandemic.  State when and for what period you took a break.  **Please do not share any sensitive personal information.** *Maximum of 600 characters including spaces (approximately 100 words).*

★ **Line manager approval** Please upload a supporting statement from your current clinical line manager.  The statement must be completed using the Line Manager Approval template. **Please note:**  This document will **not** be shared with the review panel for shortlisting purposes.

**Diversity Monitoring** Completion of this section is mandatory but you can select 'Prefer not to say' for some or all questions.   
    
**Please note:**  This section is for diversity monitoring purposes only and will **not** be shared with the review panel.

**Why are we collecting this data?** The Maudsley Biomedical Research Centre is expected to ensure that culture, equality, diversity and inclusion is considered and supported across all our research and academic career development activity in alignment with the National Institute for Health and Care Research policies and principles:  <https://www.nihr.ac.uk/about-us/our-key-priorities/equality-diversity-and-inclusion/>

**What will we do with this data?**   
Driven by these policies and KCL IoPPN EDI initiatives, this form is designed to collect data on the diversity of our applicant pool.  Our aim is to widen access for greater diversity and inclusion of applicants across under-represented groups and to make positive interventions to embed this ethos.

**How will we store this data?**   
The Maudsley BRC Administrative Team will co-ordinate the process of data collection.  All diversity monitoring data will be removed from the original application and stored as anonymised data with no information to identify the individual.  Diversity monitoring data will be stored on a secure network drive and will only be accessible by the Administrative Team.    
    
**How will this data be used?**   
For EDI monitoring purposes, the anonymised data will be aggregated and used to report on the diversity of our applicant pool as required by the NIHR and King's College London.

**Will this data affect my application?**   
No, completing this section, and providing your diversity data will not affect your application in any way.  This section is not a part of our selection process.

★ **Age** Please select the age bracket appropriate for the age you will be on 1 October 2025.

* 24 or less
* 25 - 29
* 30 or over
* Prefer not to say

**Disability** The questions in this section ask about disabilities and long-term conditions in different ways. Asking about disability is complex, and these questions will help us to develop a broader understanding of our applicant pool to compare with existing statistics. Please answer each question separately and don't feel that your answer to one should determine your answers to the others.

★ Do you consider yourself to be a disabled person?

* Yes
* No
* Prefer not to say

★ Do you have any of the following disabilities, long-term health conditions, mental health conditions or impairments?  *Please select all that apply*.  If you prefer to self-describe, then please state your reply in the OTHER box.

* No disability, condition or impairment
* Dyslexia
* Other neurodiverse diagnosis (e.g. autism, dyscalculia)
* Hearing
* Speech
* Visual
* Long-term health condition (e.g. diabetes, multiple sclerosis, heart condition, epilepsy, energy-limiting conditions, chronic pain)
* Mental Health
* Mobility
* Muscoskeletal (including neck, back and shoulder)
* A disability, condition or impairment listed above, but prefer not to specify which
* Other - please provide details here if you prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ Do you experience barriers or limitations in your day-to-day activities related to any disability, health condition or impairment?

* Yes
* No
* Not applicable
* Prefer not to say

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| --- | --- |
| Page Break |  |

**Ethnicity and Religion**   
 The options listed below enable us to compare the diversity of our applicants.    
   
We appreciate that if you are applying from outside of the UK that the options may not be a good fit for you.  In that case, please select the most appropriate of the 'other' options and self describe in the available text box.

★ What is your ethnic group?  Choose one option that best describes your ethnic group or background.

* Asian / Asian British - Bangladeshi
* Asian / Asian British - Chinese
* Asian / Asian British - Indian
* Asian / Asian British - Pakistani
* Asian / Asian British - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Black / African / Caribbean / Black British - African
* Black / African / Caribbean / Black British - Caribbean
* Black / African / Caribbean / Black British - OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mixed / Multiple ethnic groups - Black Caribbean and White
* Mixed / Multiple ethnic groups - Black African and White
* Mixed / Multiple ethnic groups - Asian and White
* Mixed / Multiple ethnic groups – OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* White - English / Welsh / Scottish / Northern Irish / British
* White - Irish
* White - Gypsy or Irish Traveller
* White - Roma
* White - OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other ethnic group - Arab
* A group not listed above - please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ What is your religion?

* No religion
* Buddhist
* Christian, including Church of England, Catholic, Protestant, and all other Christian denominations
* Hindu
* Jewish
* Muslim
* Sikh (7)
* Any other religion - specify if you wish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

**Sex and Gender**   
The questions in this section ask about sexuality and gender.

★ What is your sex?  *A question about gender identity will follow.*

* Female
* Male
* Prefer not to say

★ Which of the following best describes your gender?  If you prefer to self-describe, please state your reply in the 'Prefer to self-describe' box.

* Man
* Non-binary
* Woman
* Prefer to self describe - specify if you wish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ Do you identify as trans?

* Yes
* No
* Prefer not to say

★ **Sexual orientation** Which of the following best describes your sexual orientation?  If you prefer to self-describe, please state your reply in the 'Other / prefer to self describe box.

* Asexual
* Bi / Bi-sexual
* Gay or Lesbian
* Queer
* Straight / Heterosexual
* Pansexual
* Prefer to self-describe - specify if you wish
* Prefer not to say

★ **Marriage, partnerships and relationships** Are you currently?*Please select all that apply.*

* Cohabiting or living with a partner
* Divorced or civil partnership dissolved
* Married or in a civil partnership
* Separated
* Single
* Widowed or a surviving partner from a civil partnership
* Other - specify if you wish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ **Parental Leave** In the last 12 months, have you taken any of the following types of leave?  Please s*elect all that apply.*

* None
* Adoption leave
* Maternity leave
* Paternity leave
* Parental bereavement leave
* Shared parental leave
* Other - specify if you wish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ **Caring Responsibilities** Do you have any caring responsibilities?  *Please select all that apply*.  If you share care responsibilities equally, please answer as the primary carer.

* No caring responsibilities
* Primary carer of a child / children aged below 18 years
* Primary carer of a child / children below 18 years who is / are disabled or has / have a health condition, or illness or temporary care needs
* Primary carer or assistant for a disabled adult or adults aged 18 years or over
* Primary carer or assistant for an older person / people aged 65 years or over
* Secondary carer - another person carries out the main caring role
* Prefer not to say

**Socio-economic**   
This section asks about your socio-economic background

★ What type of school did you attend for MOST of your time between the ages of 11 and 16?

* A state-run or state-funded school - non-selective
* A state-run or state-funded school - selective on academic, faith or other grounds
* Home school
* Independent or fee-paying school
* Other - please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

★ When you were 14 years of age, had any of your parents or guardians completed a university degree course or equivalent (e.g. BA, BSc or higher)?

* Yes
* No
* I don't know
* Prefer not to say

★ Did your household receive income support (or something similar) at any point during your school years?

* Yes
* No
* I don't know
* Prefer not to say

**Advertising**   
★ How did you hear about this fellowship programme?  *Please select all that apply*.

* King's College London website
* NIHR Maudsley BRC website
* South London & Maudsley NHS Foundation Trust communications
* King's College Hospital NHS Foundation Trust communications
* Guy's & St Thomas' NHS Foundation Trust communications
* Internet search engine
* Twitter
* LinkedIn
* Facebook
* Word of mouth
* Other - please say \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END OF APPLICATION**

**Please review your application before clicking to submit.**  **Once your application has been submitted you will not be able to make changes and the Maudsley BRC administration team will not be able to make changes on your behalf.**