# Appendix 1: Internship Award – Checklist

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| **Name:** |  |
| **Area of clinical academic interest:** |  |
| **Contact details: Email:** **Telephone:** |  |
| CriteriaPlease ensure you have provided all the information listed below before submission. Incomplete submissions may not be considered. | **Evidence submitted (yes/no)** |
| **1. Registration with an appropriate UK regulatory and professional body**Regulatory/professional body: …………………………………………………………Registration number: …………………………………………………………………… |  |
| **2. Curriculum Vitae confirming the following;**1. Employment with a provider of health and/or care providing at least 50% of its services free at the point of delivery, where the applicants spends at least 50% of their current role delivering health and/or care services which are free at the point of delivery
2. Minimum of one year’s practice post registration
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| **3. Cover letter (on headed paper) including;**1. Reason for applying for the internship and capability to continue on a clinical academic career pathway
2. An overview of the benefits and learning which will be gained by undertaking the 6 month (maximum) internship
3. Understanding of how clinical practice and research can improve the quality of patient care
4. Outcomes that will be achieved by the end of the internship and how these address team/service clinical priorities and needs (as discussed with your line manager).
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| **4. Letter of support from current employer** (on headed paper) |  |
| **5. Letter of support from clinical academic supervisor** (on headed paper) |  |
| **6. A detailed spending plan for the £10,000 budget for the internship period** (Please ensure your spending plan has been checked by your finance team) |  |

I can confirm that I meet the criteria for an ICA Internship and I have submitted all of the evidence described above.

**Signed:** …………………………………………………………….. **Date:** ………………………