

# NDTP *Aspire* Post-CSCST Fellowship Awards 2021 Application Form

HSE-NDTP is now inviting applications for a number of funded *Aspire* Fellowship Awards to commence in July 2021

Application forms and queries can be submitted to

[ellen.odoherty@hse.ie](mailto:ellen.odoherty@hse.ie)

Applications Open: Monday 4<sup>th</sup> August 2020

Deadline for submission of applications: Monday 14<sup>th</sup> September 2020

HSE National Doctors Training & Planning  
Block 9E, Sancton Wood Building  
Heuston South Quarter  
Saint John's Road West  
Dublin 8  
[doctors@hse.ie](mailto:doctors@hse.ie) / [www.hse.ie/doctors](http://www.hse.ie/doctors)

## NDTP Aspire Fellowship 2020-2021 Application Form

Please return all completed application forms by email to [ellen.odoherty@hse.ie](mailto:ellen.odoherty@hse.ie) **on or before** 14<sup>th</sup> September 2020 at 5pm.

### 1. Title:

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

### 2. 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)

### 3. Primary Clinical Lead/Assigned Supervisor's Details:

Name	Organisation
<input type="text"/>	<input type="text"/>
Email	Telephone no.
<input type="text"/>	<input type="text"/>

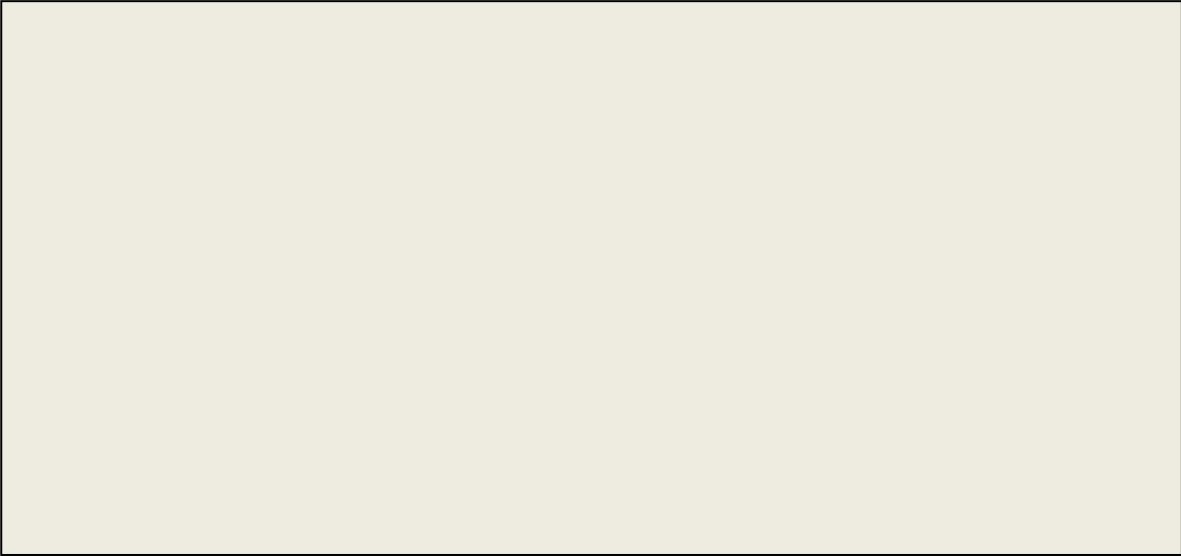
### 4. Location of the Fellowship:

(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)

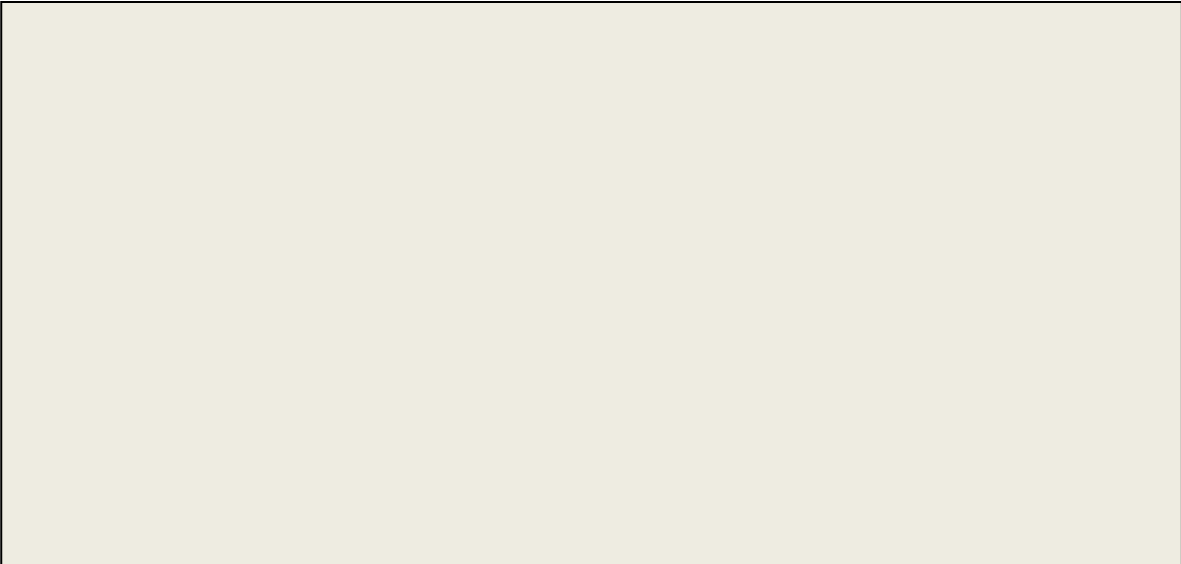
### 5. Please provide a summary of the fellowship below (min 200 / max 500 words):

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

**6. Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (max 300 words):**



**7. Describe the opportunities for audit and research (max 300 words):**



**8. Outline the value of the proposed fellowship to the health services (max 600 words):**

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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