

## The Topol Programme for Digital Fellowships in Healthcare

### Copy of cohort 2 application form questions

#### About you

1. First name
2. Last name
3. Email
4. Contact telephone number
5. Healthcare professional 'group'

From the list below, please indicate which healthcare professional group you belong to. The Allied Health Professional group refers to the 14 allied health professional roles defined by NHS England.

Nurse  
Allied Health Professional  
Healthcare scientist  
Pharmacist  
Doctor  
Dentist  
Other

6. Are you a Dermatology doctor (or doctor in training) who would like to be considered for one of the additional fellowship places funded by the British Association of Dermatologists? Y/N

7. Professional Registration Number (If applicable)

8. Current role

9. Current grade / band

10. Current employer

11. Employer during potential fellowship year (if different from current employer and known)

**If you are a doctor or dentist in training, please supply the name and contact details of your Training**

12. Programme Director

13. Training Programme Director's name

14. Training Programme Director's email address

## **Your supporting information**

Your responses to each of the four questions below will be scored separately by our shortlisters.

Question 17, about the problem you would like to explore, will attract more 'marks' than the other questions. It therefore has a word limit of 500 words, as compared with the 300 word limit for the other three questions.

### **15. Your prior experiences**

Please outline and reflect upon prior experiences you have that you feel will prepare you well to become a Topol digital health fellow. (Your prior experiences do not have to be directly involved with digital health.) (Max 300 words)

### **16. Your professional aspirations**

Please outline and reflect upon where you see the Topol digital health fellowship fitting into your professional and career goals. (Max 300 words)

### **17. The problem you would like to explore**

Please provide a description and an analysis of the problem you would like to focus on solving with the protected time you will have as a digital health fellow. (Max 500 words)

### **18. The support you can access and organise**

Please outline the support and connections that you can call upon and that you plan to organise to help you to make a success of the work that you will do as a Topol digital health fellow. (Max 300 words)

## Monitoring information

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is shortlisting or interviewing you.

We collect this information from our applicants in order to understand and to aim to increase the diversity of applicants to The Topol Programme for Digital Fellowships in Healthcare. This data will not be shared externally,

Under the Equality Act (2010), all NHS organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help us look at the profile of individuals who apply, are shortlisted for and appointed to the fellowship. In this way, we can check that we are complying with the Equality Act (2010).

### Equality & diversity monitoring

#### 18. What is your ethnic group?

Choose one option that best describes your ethnic group or background

MIXED - White and Black African

MIXED - White and Asian

MIXED - Any other Mixed/Multiple ethnic background

ASIAN or ASIAN BRITISH - Indian

ASIAN or ASIAN BRITISH - Pakistani

ASIAN or ASIAN BRITISH – Bangladeshi

ASIAN or ASIAN BRITISH - Chinese

ASIAN or ASIAN BRITISH - Any other Asian background

BLACK or BLACK BRITISH - African

BLACK or BLACK BRITISH - Caribbean

BLACK or BLACK BRITISH - Any other Black/African/Caribbean background

OTHER ETHNIC GROUP - Arab

OTHER ETHNIC GROUP - Any other ethnic group

19. Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010) Reasonable adjustments will be made available should you be invited to interview.

**According to the definition of disability do you consider yourself to have a disability?**

Yes [ ] No [ ]

#### 20. What is your sex?

A question on gender identity will follow

[ ] Female [ ] Male

**21. Is the gender you identify with the same as your sex registered at birth?**

This question is voluntary

Yes  No  Please enter your gender identity .....

**22. Which of the following best describes your sexual orientation?**

This question is voluntary

Straight or Heterosexual

Gay or Lesbian

Bisexual

Other sexual orientation (Enter sexual orientation .....

## **Your sponsor and declarations**

### **Your sponsor**

Please provide below the details of a manager / supervisor / senior person in your department or organisation who will sponsor and support the work you do as a Topol digital health fellow, should you be successful.

23. Sponsor's name

24. Sponsor's email address

25. Sponsor's contact telephone number

### **Your declarations**

26. I declare I have discussed this opportunity with my sponsor (and with my Training Programme Director, if applicable) and that they will be fully supportive of my fellowship if I were to be successful

27. I declare that all the information I have provided in this application is accurate and up to date