

The Topol Programme for Digital Fellowships in Healthcare

Copy of cohort 3/4 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

Midwife

Dentist

Other (please state)

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

7. Please select your region:

London

Midlands

North West

North East and Yorkshire

Eastern England

South East

South West

8. Professional Registration Number (If applicable)
9. Current role
10. Current grade / band
11. Current employer
12. Employer during potential fellowship year (if different from current employer and known)

Your supporting information

Your responses to questions 13 – 16 below will be scored separately by our shortlisters.

Question 15, 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.

13. 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)

14. 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)

15. 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. Who experiences this problem? What are the consequences of the problem for different parties or at a system level? (Max 500 words)

16. The support you can access and organise

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

17. What 'area' of digital development does your proposed project sit within?

Please select from one of the 'areas' outlined below. The terms in this list are derived from the Topol Review's predictions about technological advances impacting healthcare. If your project does not easily sit within one of these areas, please select 'Other' and please specify.

1. Telemedicine
2. Smartphone apps
3. Sensors and wearables for diagnostics and remote monitoring
4. Reading the genome
5. Speech recognition and natural language processing (NLP)
6. Virtual and augmented reality
7. Automated image interpretation using AI
8. Interventional and rehabilitative robotics
9. Predictive analytics using AI
10. Writing the genome
11. Educational resources
12. Other -> Please specify

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 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

Organisational approval and declarations

Your line manager / supervisor

Please provide below the details of a manager / supervisor in your department or organisation who approves of your application and who will ensure that your time will be protected for the work you do as a Topol digital health fellow, should you be successful.

23. Manager / supervisor's name's name

24. Manager / supervisor's email address

25. Manager / supervisor's contact telephone number

Your declarations

Confirmation of organisational approval and support

26. I declare I have discussed this opportunity with my line manager / supervisor (and with my Training Programme Director, if applicable) and that they approve of my application for the fellowship and ensure I will be given an agreed amount of protected time (from 0.2 to 0.4 WTE) to devote to the work of my fellowship if I were to be successful

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