

University of Manchester Clinical Data Science Programme: pilot module funded places application form

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.

Allied Health Professional

Dentist

Doctor

Healthcare Scientist

Knowledge and Library Specialist

Nurse / Midwife / Health Visitor

Pharmacist

Other (please state)

6. Please select your region:

London

Midlands

North West

North East and Yorkshire

Eastern England

South East

South West

Other

7. Current role / job title

8. Current employer

Your supporting information

9. Your personal statement

Please provide here a copy of the personal statement that you supplied as part of your University of Manchester application. The questions that you were asked to address in your personal statement for the University of Manchester were:

- What is Data Science and why do you want to study it?
- How will taking this course impact on your personal and professional development?
(Max 500 words)

10. Where will you apply what you learn?

We want to try to ensure that funded places go to applicants who will practically apply what they learn on this module. Therefore, please provide a description and an analysis of a problem in your workplace that you will seek to address with what you learn from the Data Engineering module. (Max 500 words)

11. What support do you have?

Please outline the support and connections that you can call upon to help you to practically apply what you learn from the pilot Data Engineering module. (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

12. 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

13. 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

14. What is your sex?

A question on gender identity will follow

Female Male

15. 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

16. 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

Confirmation and submission

Confirmation of accuracy

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