

**PPEF Application Form for Research Awards**

**Type A1 up to £15,000 for Novice Researchers**

**PERSONAL DETAILS – please complete all sections**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Email/s:** |  |
| **Home Address:** |  |
| **Post Code:** |  |
| **Tel. No. – home:** |  |
| **Tel. No – work:** |  |
| **Mobile No:** |  |
| **Work Address:** |  |
| **Post Code:** |  |
| **CSP member No:***If applicable* |  |
| **HCPC registration No:** |  |
| **Physio First member No:***If applicable* |  |
| **Qualifications with dates:** |  |
| **Have you applied for a grant from the PPEF before?** |  |
| **Give details of previous grants from PPEF and other sources:** |  |
| **How did you hear about PPEF?** |  |

|  |  |
| --- | --- |
| 1. **Project title:**
 |  |
| 1. **Research summary:**
 |  |
| 1. **Research aims:**
 |  |
| 1. **Research purpose:**
 |  |
| 1. **Does this research form part of a higher degree or award?**
 |  |
| 1. **How do you plan to involve patients, carers and the public (and other stakeholders as appropriate) in the project?**
 |  |
| 1. **How do you plan to share your findings?**
 |  |
| 1. **Who will be undertaking or controlling the research and what level of expertise is available?**
 |  |
| 1. **Has your Local Research Ethical Committee given approval (if applicable)?**
 |  |
| 1. **How long will the research take to initiate?**

*Please tick as appropriate.* | [ ]  3 months [ ]  6 months[ ]  12 months [ ]  12+ months[ ]  Already initiated, if so on what date? |
| 1. **How long will research take to complete?**
 |  |
| 1. **Who will own the results of the research? Please state.**
 |  |
| 1. **Is the project being part-funded elsewhere?**

*If so, where, what percentage has been requested / granted of the total required?* |  |
| 1. **Total amount requested from the PPEF?**
 |  |
| 1. **Additional information supplied to support this application:**
 |  |

**Project time scale and milestones - for Novice Researchers**

1. **Project milestones**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Start date** | **Completion date** |
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1. **Financial details of support requested (include VAT where applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Year 1 costs** | **Year 2 costs***(if applicable)* | **Year 3 costs***(if applicable)* | **Total £** |
| **Staff salaries***e.g. Rates of pay (hourly / daily, annual)* |  |  |  |  |
| **Number of hours paid study leave per week?***Give details* |  |  |  |  |
| **Estimated number of hours per week required for the project?** *Please give full details and link to the Staff Salaries in section 22 in the application form* |  |  |  |  |
| **Travel and subsistence** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Consumables** |  |  |  |  |
| **Other***(please include costs for dissemination)* |  |  |  |  |

**Curriculum Vitae of all Applicants**

(Please use one sheet for each person and reproduce as necessary).

|  |
| --- |
| Surname:  |

|  |
| --- |
| Forenames:  |

|  |
| --- |
| Qualifications, degrees, etc:  |

|  |
| --- |
| Relevant Post-Registration courses attended: |

|  |
| --- |
| Posts held during the last 5 years (please include dates): |

|  |
| --- |
| Recent publications – in the previous 5 years (if applicable): |

|  |
| --- |
| I confirm that I have read the criteria for applicants for research awards and the terms and conditions set out by the Private Physiotherapy Educational Foundation.I agree to be bound them if my application is successful. I shall be actively engaged in and take full control of the project.I also agree to comply with standards set out in the Department of Health Research Governance Framework.I agree to the PPEF holding my personal details in accordance to GDPR regulations. [ ] Name: Date:Signature:Position:Organisation: |

Please return to:

PPEF

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Tithe Barn Way

Swan Valley

Northampton, NN4 9BA

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Website: [www.ppef.org.uk](http://www.ppef.org.uk)