

## PPEF Application Form for Research Awards

## Type A2 up to £30,000

1. **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 the PPEF?** |  |

1. **DETAILS of Co-applicant(s) – please complete all sections, reproduce this page if required for additional applicants**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Email/s:** |  |
| **Home Address:** |  |
| **Post Code:** |  |
| **Tel. No. – home:** |  |
| **Tel. No – work:** |  |
| **Mobile No:** |  |
| **Work Address:** |  |
| **Post Code:** |  |
| **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 the PPEF?** |  |

|  |  |
| --- | --- |
| 1. **Project title:** |  |

|  |  |
| --- | --- |
| 1. **Details of proposed research** | |
| 1. **Purpose of the proposed investigation:** |  |
| 1. **Background to the project:** |  |

|  |  |
| --- | --- |
| 1. **Study participants:** |  |

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* |  |  |  |  |
| **Travel and subsistence** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Consumables** |  |  |  |  |
| **Other**  *(please include costs for dissemination)* |  |  |  |  |

|  |  |
| --- | --- |
| 1. **Duration of the project**   *(in months)* |  |
| 1. **Expected start and end dates** |  |
| 1. **Estimated number of hours per week required for the project** |  |
| 1. **Ethical approval** |  |
| 1. **Who will own the results of the research?** |  |
| 1. **Where will the research be carried out?** |  |
| 1. **Project timescales and milestones** |  |
| 1. **How do you plan to share your findings?** |  |
| 1. **How do you plan to involve patients, carers and the public (and other stakeholders as appropriate) in the project?** |  |
| 1. **Is the project being funded or part-funded elsewhere?** |  |
| 1. **Total amount requested from the PPEF?** |  |
| 1. **If you are undertaking this research towards a research degree (MPhil / DPhil / PhD) please give details of the level of the award, time-scale involved and place this application has within the overall programme of study** |  |
| 1. **Additional information provided to support this application** |  |
| 1. **Declarations** |  |
| 1. **Letters of support** |  |

**Project time scale and milestones**

1. **Project milestones**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Start date** | **Completion date** |
|  |  |  |
|  |  |  |
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**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: |

**Declarations Research Awards**

###### Research Supervisor (compulsory for Research Award type A2)

I confirm that I have read this application and that, if funded, I will be responsible for the conduct of the research and the monitoring of its progress. I agree to comply with the standards of good research set out in the Department of Health Research Governance Framework.

Signature of Research Supervisor:

Name:

Date: / / Position:

Organisation:

Address:

# Head of Department (Research Award A2 )

I confirm that I have read this application and that the work will be accommodated and administered in the Department/Institution. I will ensure procedures are in place to manage and monitor the research in accordance with Research Governance.

# **Signature of Head of Department**

Name:

Date: / / Position:

Organisation:

Address:

**Finance Officer (Research Award A2 )**

I confirm that I have read this application and that, if funded, the work will be administered in the Department/institution. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution.

Signature of Finance Officer:

Name:

Date: / / Position:

Organisation:

Address:

###### Lead Researcher (Research Award A2)

I have read the conditions set out by the Private Physiotherapy Educational Foundation, and agree to abide by them if my application is successful. I shall be actively engaged in, and take full control of the project. I agree to comply with standards set out in the Department of Health Research Governance Framework.

I declare that:

* I have not been the lead researcher on a previous project funded by the PPEF
* I have not received research council funding (e.g. MRC)
* I have not received previous research funding totalling more than £50,000
* I do not have a PhD
* I have an agreed named research supervisor

Signature of lead researcher:

Name:

Position:

Organisation:

Please return to: PPEF, [admin@ppef.org.uk](mailto:admin@ppef.org.uk)

Minerva House

Tithe Barn Way

Swan Valley

Northampton,

NN4 9BA