

## 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

Minerva House

Tithe Barn Way

Swan Valley

Northampton,

NN4 9BA