

**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**

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

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| --- | --- | --- | --- | --- |
| **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

Minerva House

Tithe Barn Way

Swan Valley

Northampton, NN4 9BA

Email: [admin@ppef.org.uk](mailto:admin@ppef.org.uk)

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