

**PPEF Application Form for Research Awards Type A1 up to £15,000 for Novice Researchers**

**\*\*Please refer to the Guidance notes before completing the form.**

**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** |  |
| **HCPC registration number** |  |
| **CSP member No**  *if applicable* |  |
| **Physio First member No**  *If applicable* |  |
| **Qualifications with dates** |  |
| **If you have applied for or received a grant from the PPEF before, please give details here.** |  |
| **How did you hear about PPEF?** |  |
| **The Chairman of the PPEF Trustees must be informed of any changes to these details by emailing** [**admin@ppef.org.uk**](mailto:admin@ppef.org.uk) | |

|  |  |
| --- | --- |
| 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. **Number of hours paid study leave per week?** |  |
| 1. **Estimated number of hours per week required for the project?** |  |
| 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 the research take to complete?** |  |
| 1. **Who will own the results of the research?** |  |
| 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 required 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 |  |  |  |  |
| **Details of number of hours paid study leave** |  |  |  |  |
| **Estimated number hours per week required for the project** *please give full details and link to staff salaries* |  |  |  |  |
| **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** |  |
| **Posts held during the last 5 years (please include dates):** |  |
| **Recent publications in past 5 years– provide up to 6 references (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 by 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** |  | | **Signature** |  | | **Print name** |  | | **Position** |  | | **Organisation** |  | | **Date** |  | |

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| --- | --- |
| **Please return by email to :** | |
| Email address | [admin@ppef.org.uk](mailto:admin@ppef.org.uk) |
| Address | Private Physiotherapy Educational Foundation (PPEF)  **Minerva House, Tithe Barn Way, Swan Valley,**  **Northamptonshire, NN4 9BA** |
| Phone number | 01604 684960 |
| Website | [www.ppef.org.uk](http://www.ppef.org.uk) |
| PPEF admin contact name | Donna Partoon |