

## PPEF Application Form for Research Awards

## Scheme A2 up to £30,000

**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 No:** |  |
| **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** |

**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:** |  |
| **If you have applied for or received a grant from the PPEF before, please give details here** |  |

:

 **Please give details for the project for which you are requesting support, using the following headings. Do not exceed SIX sides of A4, including references. Use a minimum font size 10 point, single line spacing.**

|  |  |
| --- | --- |
| 1. **Project title**
 |  |
| 1. **Details of proposed research**
 |
| 1. **Purpose of the proposed investigation:**
 |  |
| 1. **Background to the project:**
 |  |
| 1. **Project timescales**
 |  |
| 1. **Study participants**
 |  |
| 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 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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1. **Financial details of support requested (include VAT where applicable)\*\*NB where VAT, is paid, it is NOT refundable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Year 1 costs** | **Year 2 costs****(if applicable)** | **Year 3 costs****(if applicable)** | **Total £** |
| **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/copy template for other people 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.** [x]

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Print name**  |  |
| **Position** |  |
| **Organisation**  |  |
| **Date**  |  |

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**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** |  |
| **Print name**  |  |
| **Position** |  |
| **Organisation**  |  |
| **Address** |  |
| **Date**  |  |

# **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** |  |
| **Print name**  |  |
| **Position** |  |
| **Organisation**  |  |
| **Address** |  |
| **Date**  |  |

**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** |  |
| **Print name**  |  |
| **Position** |  |
| **Organisation**  |  |
| **Address** |  |
| **Date**  |  |

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

I have read the conditions set out by the Private Physiotherapy Educational Foundation -which are to be found \*\* location 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.

Donna – do the conditions need to be checked – or are they part of the guidelines doc?

I declare that: These can be in black now!

* 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** |  |
| **Print name**  |  |
| **Position** |  |
| **Organisation**  |  |
| **Address** |  |
| **Date**  |  |

|  |
| --- |
| **Please return by email to :** |
| **Email address**  | 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  |