

## 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**](mailto: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** |  |

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

**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.

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

:

###### **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](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 |