

**PPEF Application form for SCHEME C:**

**Grants for non-research projects that fulfil the objects of the foundation**

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

1. **PERSONAL DETAILS – please complete all sections.**

|  |  |
| --- | --- |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Email** |  |
| **Organisation / University / Charity** |  |
| **Home Address** |  |
| **Post Code** |  |
| **Tel no home** |  |
| **Tel no work** |  |
| **Mobile no** |  |
| **Work Address** |  |
| **Post Code** |  |
| **Qualifications with dates** |  |
| **HCPC registration number***With renewal dates* |  |
| **CSP registration number –***If applicable* |  |
| **Physio First member no */****If applicable* |  |
| **How did you hear about PPEF?** |  |
| **If you have applied for a grant from PPEF before, please give details** |  |
| **The Chairman of PPEF Trustees must be informed of any changes to these details by emailing** **admin@ppef.org.uk** |

|  |  |
| --- | --- |
| 1. Project / Proposal Name / Title
 |  |
| 1. **Project / Proposal Leader**
 |  |
| 1. **Project / Proposal Description / Definition**
 |  |
| 1. **Summary of costs involved**
 |  |
| 1. **Background**
 |  |
| 1. **Planning**
 |  |
| 1. **Objectives / Learning Outcomes**
 |  |
| 1. **Scope**
 |  |
| 1. **Benefit**
 |  |
| 1. **PPEF Objects / CSP’s research priorities**
 |  |
| 1. **Involving patients, carers and the public (and other stakeholders as appropriate) in the project**
 |  |
| 1. **Timescales**
 |  |
| 1. **Review / Methodology and Frequency**
 |  |
| 1. **Resources Required**
 |  |
| 1. **Alternative sources of funding**
 |  |
| 1. **Sponsors / Strategic Relationships / Conflicts of Interest.**
 |  |
| 1. **Your Organisation’s Strategy**
 |  |
| 1. **Reporting on your Proposal / Project**
 |  |
| 1. **Dissemination plans PPEF may choose to promote funder work through social media**
 |  |
| 1. **Additional comments in support of the project.**
 |  |
| 1. **List of Supporting Documents.**
 |  |

**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** |  |
| **Relevant Post-Registration courses attended:** |  |
| **Posts held during the last 5 years (please include dates):** |  |
| **Recent publications –up to 5 in the previous 5 years (if applicable):** |  |
| I confirm that I have read the criteria for applicants for 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 agree to the PPEF holding my personal details in accordance to GDPR regulations. [ ]

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Print name**  |  |
| **Designation** |  |
| **Date**  |  |

 |