

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