

## 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:** | **Start date**  | **Expiry Date**  |
|  |  |
| **CSP 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, and 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 the 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**
 | **Start date**  | **Expiry Date**  |
|  |  |
| 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, and 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:**  |  |
| **Relevant Post-Registration courses attended:** |  |
| **Posts held during the last 5 years (please include dates):** |  |
| **Recent publications – in the previous 5 years** **(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 with GDPR regulations.  |
| **Date**  |  |
| **Full Name**  |  |
| **Signature**  |  |
| **Position** |  |
| **Organisiation**  |  |

**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**  |  |

:

###### **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**  |  |

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| --- |
| **Please return by email to :** |
| **Email address**  | admin@ppef.org.uk |
| **Phone number**  | 01604 684960  |
| **Website**  | [www.ppef.org.uk](http://www.ppef.org.uk) |
| **PPEF admin contact name** | Donna Partoon  |