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| **Application form /Research Awards / Maximum funds available £30,000** | | | |
| Please refer to the Guidance notes before completing the form | | | |
| **Main Applicant** | **Title** | **Full Name** | |
|  |  | |
| **Preferred contact details** | **Phone number** | **Correspondence Address** | **Email** |
|  |  |  |
| **CSP member No:** *If applicable* |  | | |
| **HCPC registration No:** | **Number** | **Start Date** | **Expiry Date** |
|  |  |  |
| **Qualifications with dates:** | **Date** | **Qualification** | |
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| *Please reproduce this section for any co-applicants* | | | |
| **Co-applicant 1** | **Title** | **Full Name** | |
|  |  | |
| **Preferred contact details** | **Phone number** | **Correspondence Address** | **Email** |
|  |  |  |
| **CSP member No:** *If applicable* |  | | |
| **HCPC registration No:** | **Number** | **Start Date** | **Expiry Date** |
|  |  |  |
| **Qualifications with dates:** | **Date** | **Qualification** | |
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|  |  | |
|  |  | |
| **Co-applicant 2** | **Title** | **Full Name** | |
|  |  | |
| **Preferred contact details** | **Phone number** | **Correspondence Address** | **Email** |
|  |  |  |
| **CSP member No:** *If applicable* |  | | |
| **HCPC registration No:** | **Number** | **Start Date** | **Expiry Date** |
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| **Qualifications with dates:** | **Date** | **Qualification** | |
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| **Have you applied for a grant from PPEF before? If so, give details here.** | |
|  | |
| **Details of previous grants from PPEF or other sources for this activity** | |
|  | |
| **How did you hear about PPEF?** | |
|  | |
| 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.  Please refer to the Guidance notes before completing the form | |
| 1. **Project title:** | |
|  | |
| 1. **Total amount requested from the PPEF?** |  |
| 1. **Expected start and end date** |  |
| 1. **Duration of the project (in months)** |  |
| 1. **Estimated number of hours per week required for the project** |  |
| 1. **Who will own the results of the research** |  |
|  |  |
| **Details of proposed research** | |
| 1. **Purpose of the proposed investigation** | |
|  | |
| 1. **Background to the project:** | |
|  | |
| 1. **Project timescales:** | |
|  | |
| 1. **Study Participants** | |
|  | |
| 1. **Research aims:** | |
|  | |
| 1. **Research summary** | |
|  | |
| 1. **Does this research form part of a higher degree or award?** |  |
| 1. **How do you plan to involve patients, carers, and the public (and other stakeholders as appropriate) in the project?** | |
|  | |
| 1. **How do you plan to share your findings?** | |
|  | |
| 1. **Who will be undertaking or controlling the research and what level of expertise is available?** |  |
| 1. **Has your Local Research Ethical Committee given approval (if applicable)?** |  |
| 1. **Who will own the results of the research? Please state.** |  |
| 1. **Is the project being part-funded or part funded elsewhere?** *If so, where, what percentage has been requested / granted of the total required?* |  |
| 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 to support your application:** | |
|  | |
| 1. **Declarations** |  |
| 1. **Letters of support** |  |

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| 1. **Project time scale and milestones: Append a GANNT chart or like demonstrate the project schedule.** | | | | | |
| **Activity** | | | **Start date** | **Completion date** |
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| 1. **Financial details of support requested \*\*please refer to guidance notes – 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**  *e.g. Rates of pay (hourly / daily, annual)* |  |  |  |  | |
| **The number of hours paid study leave per week?**  *Give details* |  |  |  |  | |
| **Estimated number of hours per week required for the project?**  *Please give full details and link to the Staff Salaries in section 22 in the application form* |  |  |  |  | |
| **Travel and subsistence**  Give details |  |  |  |  | |
| **Equipment** |  |  |  |  | |
| **Consumables** |  |  |  |  | |
| **Other**  *(please include costs for dissemination)* |  |  |  |  | |

**Curriculum Vitae of all Applicants**

*(Please use one sheet for each person and reproduce as necessary).*

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| --- | --- | --- |
| **Full Name** | |  |
| **Qualifications, degrees, etc:** | |  |
| **Relevant post-registration courses attended:** | | Is this needed here ?? |
| **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 and guidance notes 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** |  | |
| **Organisation** |  | |

**Declarations Research Awards**

###### **Research Supervisor**

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** |  |
| **Position** |  |
| **Organisation** |  |
| **Address** | Is this needed |
| **Date** |  |

# **Head of Department**

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** |  |
| **Position** |  |
| **Organisation** |  |
| **Address** |  |
| **Date** |  |

**Finance Officer**

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.

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| **Signature of Finance Officer** |  |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Address** |  |
| **Date** |  |

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###### **Lead Researcher**

I have read the conditions set out by the Private Physiotherapy Educational Foundation -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.

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

|  |  |
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| **Signature of lead researcher:** |  |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Address** |  |
| **Date** |  |