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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** |
|  |  |  |
| **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:**
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|  |
| 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:**
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|  |
| 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).*

|  |  |
| --- | --- |
| **Full Name**  |  |
| **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 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** |  |
| **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.

|  |  |
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| **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.

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