###### PPI in Research Support Small Grant Scheme

*Application Form for PPI in Research Support-Small Grant Scheme*



August 2019

*The application form should be saved as a .pdf file and submitted by e-mail to* [*Kathleen.roulston@hscni.net*](mailto:Kathleen.roulston@hscni.net)*.*  *The signatories who have e-signed the application declaration page (section 4) must be cc’d into the submission email*

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|  | **PLEASE COMPLETE IN TYPESCRIPT** |  |
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| **1.** | **APPLICANT’S DETAILS** | | | | | | | |
|  | Name |  | | | | | |  |
|  | | | | | | | | |
|  | Employing organisation |  | | | | | |  |
|  | | | | | | | | |
|  | Address |  | | | | | |  |
|  |  | | | | | |
|  |  | | | | | |
| Postcode |  | | | | | |
|  | | | | | | | | |
|  | Telephone | STD Code |  | No. |  | Ext |  |  |
|  | | | | | | | |
| E-mail |  | | | | | |  |
| (All correspondence will be issued to this email address) | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **2a.** | SYNOPSIS OF PROPOSED PPI INITIATIVE | | | | |
|  | Title | | | |  |
|  |  | | | |  |
|  | | | | | |
|  | Start Date (dd/mm/yy) |  | End Date  (dd/mm/yy) |  |  |
|  | | | | | |
|  | | | | | |
|  | Justify the purpose of the PPI initiative | | | | |
|  |  | | | |  |
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| **2b.** | SYNOPSIS OF PROPOSED PPI INITIATIVE (cont.) | |
|  | | |
|  | Demonstrate how the PPI initiative will be co-designed and produced with patients, carers and or public | |
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|  | | |
|  | Describe how the PPI initiative will be developed and delivered | |
|  |  |
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| **2c.** | SYNOPSIS OF PROPOSED PPI INITIATIVE (cont.) | | |
|  | | | |
|  | Describe a clear output of the PPI initiative (e.g. tool/case study/resource/panel) | |  |
|  |  | |  |
|  | | Describe the intended impacts of the PPI initiative. | |
|  |  | |  |
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|  | Describe how the initiative will improve the delivery of PPI in your research and contribute to overall service improvements. | |  |
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| 3a. | FINANCE | | | |  | |
|  | Total cost of PPI initiative | | £ |  | | |
|  |  | | | | | |
|  | Support requested from HSC R&D Division | | £ |  | | |
|  |  | | | | | |
|  | Name of Institution who will be Administering the Award |  | | | |  |
|  |  | | | | | |
|  | Support secured from other organisation (s) if applicable | | | | | |
|  | Name(s) of supporting organisation(s) |  | | | |  |
|  |  | | | | | |
|  | Level of funding secured | £ | | | |  |
|  |  | | | | | |
|  | Details of any non-monetary support |  | | | |  |
|  |  | | | | | |
| **3b.** | JUSTIFICATION FOR SUPPORT | | | | | |
|  | Please provide detail and justification for the support requested. | | | | |  |
|  | | | | |  |
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| **4.** | DECLARATIONS | | | | | |
|  | Applicant | *I have read the ‘Guidance for the PPI in Research Support-Small Grant Scheme’ and agree to abide by the conditions under which a grant is awarded.* | | | |  |
|  | | | | | | |
|  | Signature  (e-signature acceptable) | |  | Date |  |  |
|  | | | | | | |
|  | | | | | | |
|  | **Authorised signatory for institution administering the Award** | | *I confirm that the below named organisation has a record of this application for a PPI in Research Support-small Grant Scheme Award.*  *I confirm that the below named organisation will administer the Award.* | | |  |
|  | | | | | | |
|  | Name | |  | | |  |
| Position | |  | | |
| Organisation | |  | | |
|  | Address | |  | | |  |
|  | Email | |  | | |  |
|  | Telephone | |  | Ext |  |  |
|  |  | | | | | |
|  | Signature  (e-signature acceptable) | |  | Date |  |  |
|  |  | | | | |  |

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| --- | --- | --- |
|  | The application form should be saved as a .pdf file.Please submit completed application forms by e-mail to: Kathleen.Roulston@hscni.netThe signatories who have e-signed the application declarations must be cc’d into the submission email. |  |
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