###### 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**.*  *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** |  |
|  |

|  |  |
| --- | --- |
| **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) |

|  |  |
| --- | --- |
| **2a.** | SYNOPSIS OF PROPOSED PPI INITIATIVE |
|  | Title  |  |
|  |  |  |
|  |
|  | Start Date (dd/mm/yy) |  | End Date(dd/mm/yy) |  |  |
|  |
|  |
|  | Justify the purpose of the PPI initiative |
|  |  |  |
|  |

|  |  |
| --- | --- |
| **2b.** | SYNOPSIS OF PROPOSED PPI INITIATIVE (cont.) |
|  |
|  | Demonstrate how the PPI initiative will be co-designed and produced with patients, carers and or public |
|  |  |
|  |
|  | Describe how the PPI initiative will be developed and delivered |
|  |  |
|  |

|  |  |
| --- | --- |
| **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. |
|  |  |  |
|  |
|  | Describe how the initiative will improve the delivery of PPI in your research and contribute to overall service improvements. |  |
|  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| 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.  |  |
|  |  |
|  |

|  |  |
| --- | --- |
| **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 |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | 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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