

**Primephysio Foundation Category I research award**

**Please email completed form to** **info@primephysio.com**

**PERSONAL DETAILS – please complete all sections**

|  |  |
| --- | --- |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Email/s: |  |
| Full Home Address: |  |
| Work Telephone No: |  |
| Mobile No: |  |
| Full Work Address: |  |
| Qualifications with dates: |  |

|  |  |
| --- | --- |
| 1. Project title:
 |  |
| 1. Research summary:
 |  |
| 1. Research aims:
 |  |
| 1. Research purpose:
 |  |
| 1. Does this research form part of a higher degree or award?
 |  |
| 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. How long will the research take to start?
 | * Duration in months: ………..
* Already started When? State date : …/…/………..
 |
| 1. How long will research take to complete?
 | * Duration in Month
 |
| 1. Who will own the results of the research? Please state.
 |  |
| 1. Is the project being part-funded elsewhere?

*If so, where, what percentage has been requested / granted of the total required?* |  |
| 1. Total amount requested from Primephysio Foundation?
 |  |
| 1. Additional information to support this application:
 |  |

**Project time scale and milestones**

1. **Project milestones**

|  |  |  |
| --- | --- | --- |
| Activity | Start date | Completion date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. **Financial details of support requested : As applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)* |  |  |  |  |
| Estimated number of hours per week required for the project?  |  |  |  |  |
| Travel and subsistence |  |  |  |  |
| Equipment |  |  |  |  |
| Consumables |  |  |  |  |
| Other*(please include costs for dissemination)* |  |  |  |  |

**C.V of all Applicants**

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

|  |
| --- |
| Surname:  |

|  |
| --- |
| Forenames:  |

|  |
| --- |
| Qualifications, degrees, etc:  |

|  |
| --- |
| Relevant Post-Registration courses attended: |

|  |
| --- |
| Posts held during the last 3 years with dates: |

|  |
| --- |
| Recent publications – in the previous 3 years (if applicable): |

|  |
| --- |
| I confirm that I have read the criteria for applicants for research awards and the terms and conditions set out by Primephysio Foundation.I agree to be bound them if my application is successful. I shall be actively engaged in and take full control of the project.I agree to Primephysio Foundation holding my personal details in accordance to GDPR regulations. [ ] Name: Date:Signature:Position:Organisation: |

Please Email this form to: info@primephysio.com

Website: [www.primephysio.com](http://www.primephysio.com)