

**Primephysio Foundation Category I research award**

**Please email completed form to** [**info@primephysio.com**](mailto: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](mailto:info@primephysio.com)

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