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**Patient and Public Involvement Small Grants Programme**

**Application Form February 2019**

* This application form has 4 sections. Please complete all the boxes in each section.
* You can shrink or expand the boxes, but you must use a font size of at least 11 points and your completed form must be no more than 4 pages in length.
* Please read the [guidance notes](https://oxfordhealthbrc.nihr.ac.uk/patient-and-public-involvement/resources-for-researchers/) before you start the application process.
* Use clear language, avoid jargon and spell out acronyms the first time they are used.

**Email your completed application to** **claire.murray@oxfordhealth.nhs.uk** **by 5 March 2019.**

**Section 1 - About you:**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation & Department\*\**Must be employed by University of Oxford or Oxford Health NHS Foundation Trust* |  |
| Work address |  |
| Email |  |

**Section 2 - About your research:**

|  |  |
| --- | --- |
| Research project title |  |
| Which Oxford Health [BRC theme](https://oxfordhealthbrc.nihr.ac.uk/research/)(s) is your research relevant to? |  |
| At what stage is your research? *i.e. planning, post ethics, funded* |  |
| Who is funding your research, or where are you planning on applying for funding? |  |

**Section 3 - About your PPI activities:**

|  |  |
| --- | --- |
| Amount requested (maximum available is £750) |  |
| Estimated start date of PPI activity/ies (after 1/4/2019) |  |
| Estimated end date of PPI activity/ies (before 1/11/2019) |  |

**Q1. Describe briefly the research project you plan to involve patients and the public in:**

…

**Q2. What are the objectives of patient and public involvement in this project – what difference** **do you expect it to make?**

*…*

**Q3. What patient and public involvement activities are you planning to carry out?**

…

**Q4. Who do you plan to involve and how will you identify and engage** **them?**

…

**Q5. What support will you provide to your PPI contributors? (For example, background** **information to your project, training in specific skills)**

…

**Q6. What will the grant be spent on? *Provide a breakdown of your PPI costs. Please also provide details of any additional funding you have or plan to seek to support your******PPI.***

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Cost (£)** |
| *Payment for contributors* |  |  |
| *Contributor expenses* |  |  |
| *Involvement activity* |  |  |
| *Other costs* |  |  |
| *TOTAL* |  |  |

**Section 4 - Before you finish:**

Please check the boxes below to confirm that you agree to:

[ ]  Monitor the impact or difference the PPI activities make to your research project

[ ]  Feedback to your PPI contributors the difference their involvement has made

[ ]  Monitor the experience of your PPI contributors in being involved in your project

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