# 

# British Association of Hand Therapists

**RESEARCH PROJECT GRANT APPLICATION FORM**

Before completing this form, please read the accompanying guidance notes.

**1. Details of lead researcher** (to whom all correspondence will be addressed).

Surname: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

Forename(s):

Department:

Organisation:

Address for correspondence:

Postcode: Telephone No:

Fax No: E-mail:

BAHT Membership No:

**2. Details of Supervisor(s)**

**(copy and paste this section if required for additional supervisors)**

Surname: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

Forename(s):

Department:

Organisation:

Address:

Postcode: Telephone No:

E-mail:

**2. continued**

**Details of Co-researcher(s)**

**(copy and past this section if required for additional applicants)**

Surname: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

Forename(s):

Department:

Organisation:

Address:

Postcode: Telephone No:

BAHT/CSP/COT/ other Membership No:

E-mail:

**3**. **Project details**

**Title of project**

**Total sum requested £**

**Duration of project (in months)**

**Expected start date**

Project abstract (up to 600 words):

To include background, study aims/objectives and methods

***Try to cover PICO:***

**P**atient/Population: Who or what?

**I**ntervention: How?

**C**omparison: Control group or what is the main alternative? (if appropriate)

**O**utcome: What are you trying to accomplish, measure, improve, effect?

**4. Dissemination Plans**

|  |
| --- |
| How will your research findings be disseminated? ***Think about linking your research with BAHT/BSSH/COT/CSP/IFSHT/EFSHT conferences as free paper or poster, journals, BAHT website, regional groups and locally within your department.*** |

**5. Research Ethics and Governance approvals**

**5a.** Will approval for the project be sought from the Research Ethics Committee(s) concerned? Yes / No

If no, please state why the project does not require REC approval.

Confirmation of funding for a successful application will be subject to ethical approval **if required**.

**5b.** Will approval for the project be sought from the appropriate research

governance bodies (Local R&D office)? Yes / No

If no, please state why the project does not require Research Governance approval.

Confirmation of funding for a successful application will be subject to research governance approval **if required**.

**6. Additional research funding**

Is your research supported by any outside body? Yes / No

If yes, please state:

the supporting organisation:

amount: £ duration (months):

Is this or a related application currently being submitted elsewhere? Yes / No

If yes, please state to which organisation:

By what date is a decision expected: / /

This will not necessarily affect the Panel's decision **but** if you do obtain funding from elsewhere you should withdraw this application.

**7. Postgraduate study (PhD, MSc,MPhil, DPhil, BAHT Level III)**

Is this research part of a postgraduate degree or higher education course?

Yes / No

If yes, please give details:

**8. Previous application**

Have you, or any of your co-researchers, received research funding previously from British Association of Hand Therapists. (Excludes BAHT Bursaries) Yes / No

|  |
| --- |
| If yes, please state:  Title of project:    Amount awarded: £ Date of completion or ongoing: |

**9. Have you done your Good Clinical Guidelines Practice (GCP) training?**

Yes / No

Date of last update \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Declarations- COMPLETE ALL RELEVANT SECTIONS.**

###### Lead Researcher

I have read the criteria set out by the British Association of Hand Therapists, and agree to abide by them if my application is successful. I shall be actively engaged in, and take full control of the project should I receive funding. I agree to comply with standards set out in the Department of Health Research Governance Framework for Health and Social Care. <http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4122427.pdf>

I declare that:

* I have an agreed named research supervisor / I have a PhD (please delete as appropriate)

Signature of lead researcher:

Name:

Position:

Organisation:

Date: / /

|  |
| --- |
| Research Supervisor I confirm that I have read this application and that, if funded, I will be responsible for the conduct of the research and the monitoring of its progress. I agree to comply with the standards of good research set out in the Department of Health Research Governance Framework.  Signature of Research Supervisor:  Name:  Date: / / Position:  Organisation:  Address:     Head of Department I confirm that I have read this application and that the work will be accommodated and administered in the Department/Institution. I will ensure procedures are in place to manage and monitor the research in accordance with Research Governance.  Signature of Head of Department:  Name:  Date: / / Position:  Organisation:  Address:      **Finance Officer**  I confirm that I have read this application and that, if funded, the work will be administered in the Department/institution. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution.  Signature of Finance Officer:  Name:  Date: / / Position:  Organisation:  Address:      **Research and Development Officer**  I confirm that I have read this application and that, if funded, the work will be administered in the Department/institution. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution.  Signature of R&D Officer:  Name:  Date: / / Position:  Organisation:  Address:      **[insert other]**  I confirm that I have read this application and that, if funded, the work will be administered in the Department/institution. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution.  Signature of R&D Officer:  Name:  Date: / / Position:  Organisation:  Address: |

# APPENDIX I: DETAILS OF PROPOSED RESEARCH

If you have a research proposal then please attach a copy and move on to Appendix II.

If you do not have a research proposal please give details of the work for which you are requesting support using the following headings. Do not exceed **5000 words** (excluding references). Use a minimum font size 12 point with 1.5 line spacing.

1. Title

2. Benefits the proposed investigation will bring to hand therapy / patient care

3. Purpose

4. Background to the project

5. Study participants (inclusion and exclusion criteria)

- please indicate how you have included/will include patients/carers in your research plans (eg identifying research questions, reviewing research aims/plans, peer reviewing participant literature etc)

6. Plan of investigation (including research methodology proposed)

7. Data analysis (including involvement of statistician or other methodological expert)

8. References

# APPENDIX II: PROJECT TIMESCALE AND MILESTONES

Using the grid provided indicate the work that will be completed at various stages of the project or attach a ghantt chart/other form of timetable if you have one.

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

# APPENDIX III

1. Financial details of funding requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Year 1 costs | Year 2 costs  (if applicable) | Year 3 costs  (if applicable) | TOTAL |
| Staff salaries |  |  |  |  |
| Travel and subsistence |  |  |  |  |
| Equipment |  |  |  |  |
| Consumables |  |  |  |  |
| Other |  |  |  |  |
| TOTAL |  |  |  |  |

# APPENDIX IV: CURRICULUM VITAE OF ALL APPLICANT(S)

# (Or include existing research CV)

Please ensure you address why you are the right person to conduct this research

# LEAD APPLICANT

Surname: Forename(s):

Qualifications, degrees etc:

Relevant Post-Registration courses attended:

Posts held during the last 5 years (with dates):

Relevant research supervision experience

Recent publications, provide up to 6 references (if applicable):

# APPENDIX IV: CURRICULUM VITAE OF ALL APPLICANT(S)

# (Please use one sheet for each person and reproduce, or include existing research CVs)

# RESEARCH SUPERVISOR(S)

Surname: Forename(s):

Qualifications, degrees etc:

Relevant Post-Registration courses attended:

Posts held during the last 5 years (with dates):

Relevant research supervision experience

Recent publications, provide up to 6 references (if applicable):

## APPENDIX IV: Continued

**ALL OTHER CO-RESEARCHERS**

# (Please use one sheet for each person and reproduce, or include existing research CVs)

Surname: Forename(s):

Qualifications, degrees etc:

Relevant Post-Registration courses attended:

Posts held during the last 5 years (with dates):

Recent publications, provide up to 6 references (if applicable):