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| **STREAM 2: Publication Bursary Application Form** |

Deadline for submission: 16th Jan 2024 @ 16.00hrs.

Email completed application form to [selina.johnson@nhs.net](mailto:selina.johnson@nhs.net) and [leila.heelas@ouh.nhs.uk](mailto:leila.Heelas@oh.nhs.uk)

Please complete in point size 12.

Please avoid overuse of technical terms – the reviewing committee prefers plain language and is unlikely to have detailed knowledge of your project topic.

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| Title Of Publication |
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| Lay Summary (Max 500 Words, It Should Be Made Explicit Why And How This Relates To PPA mission statement and goals) |
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| **Publication Overview** |
| Background (Max 500 Words) |
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| Aim And Objectives (Max 250 Words) |
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| Methods (Max 500 Words.) |
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| Results (max 500 words) |
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| Discussion and conclusion. (Max 600 words) |
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| Relevance of the research project to PPA mission statement and goals (Max 300 words) |
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| References (max 10). |
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| Please Comment On The Approvals Required E.G. Ethical Approval/HRA/Trust/ University / governance department Approval (Max 100 Words) |
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| Where Is The Publication To Be Published/Presented? (Max 100 Words) |
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| Total Costs Requested (Please Provide **Full Breakdown** Of Costs). |
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| Cost Justification (Max 500 Words) |
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| FUNDING please state if any funding has already been provided and the amount and nature of this. |
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| Support (Specify The Support You Have From Your Organisation For This Project) |
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| What Is Your Current Level Of Research Experience? |
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| How Will This Develop You As A Researcher? (Please Indicate The Research Skills/Training You Will Acquire: Max 150 Words) |
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| Name & Role Of Lead Applicant & PPA Membership Number  Please note the lead applicant must be a Physiotherapist/ Student Physiotherapist. | |
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| Work Address (Department, organisation postal address) | |
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| Contact Details (Telephone, Email) | |
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| Co-Applicants: Name, Profession & Institution | |
|  | |
| Mentor Details (if applicable) | Manager Details |
| Name:  Post:  Address:  Telephone:  Email: | Name:  Post:  Address:  Telephone:  Email: |
| Signature: | Signature: |
| □ Please tick this box to confirm that  that the mentor’s agreement has been obtained | □Please tick this box to confirm the manager’s agreement has been obtained |

Please note that both the mentor and manager will be contacted to confirm their agreement.