



North West  
England

## North West CAHPR Hubs Consortium

### Research Bursary Application Form

Deadline for submission is 5pm on Monday 21<sup>st</sup> October 2024.

Email completed application form to [pauline.may@elht.nhs.uk](mailto:pauline.may@elht.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.

Did you attend the “Getting started on a small-scale research project” event on 26<sup>th</sup> September?     Yes     No

**NAME & PROFESSION OF LEAD APPLICANT (Title, Forename, Surname). Please note the lead applicant must be an Allied Health Professional (HCPC registered)**

**WORK ADDRESS (Department, organisation postal address)**

**CONTACT DETAILS (Telephone, Email)**

**CO-APPLICANTS: NAME, PROFESSION & INSTITUTION**

**TITLE OF PROJECT**

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**SUMMARY (This should give an overview of the whole study in PLAIN ENGLISH lay terms: max 500 words)**

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**BACKGROUND (max 500 words)**

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**AIM AND OBJECTIVES (max 250 words)**

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**STUDY DESIGN (Plan of investigation, method, timetable framework: max 500 words.) Please note that audits and service development will not be supported.**

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**PLEASE COMMENT ON THE APPROVALS REQUIRED e.g. Ethical approval/HRA/trust approval (max 100 words)**

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WHY IS THIS RESEARCH NEEDED NOW? (max 100 words)

LONG-TERM BENEFITS (max 250 words)

DISSEMINATION (Specify completion with final report within 12 months)

SUPPORT (specify the support you have from your organisation for this project)

Is your proposal for a stand-alone project, or for part of a larger study? If the latter, please give full details of the contribution you will make to the complete study and state how your participation will assist in your development as a researcher.

**TOTAL COSTS REQUESTED** (Direct costs; Detailed and justified costings are essential). Up to £1000 with applications for smaller amounts encouraged.

**COST JUSTIFICATION** (max 500 words)

**WHAT IS YOUR CURRENT LEVEL OF RESEARCH EXPERIENCE?**

**HOW WILL THIS DEVELOP YOU AS A RESEARCHER?** (Please indicate the research skills/training you will acquire: max 150 words)

**MENTOR DETAILS**

Name:  
Post:  
Address:

Telephone:  
Email:

Signature:

**MANAGER DETAILS**

Name:  
Post:  
Address:

Telephone:  
Email:

Signature:

Please tick this box to confirm that the mentor's agreement has been obtained

Please tick this box to confirm that the manager's agreement has been obtained

Please note that both the mentor and manager will be contacted to confirm their agreement. Please also note that applications will not be

accepted unless 'wet ink' signatures are provided – not typed names or email confirmations.