

**ACUPUNCTURE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS LIMITED**

**APPLICATION FOR A RESEARCH PROJECT GRANT**

**IMPORTANT** Before completing this form, please read the accompanying guidance notes. If you have any queries, a contact name is given in the Guidance Notes. Please type your answers.

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

Surname: ..... Title: .....  
(Miss, Mrs, Mr, Dr, etc)

Forename(s): ..... Date of birth:.....

Post held:

Department:

Organisation: .....

Address for correspondence: .....

.....

.....

Postcode:..... Telephone No./ext: .....

Fax No: ..... CSP Membership No:.....

No. of joint applicants: .....

Research experience and expertise:

**2. Details of Co- Applicant(s).....**

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**3. Project details**

Project title: .....

Project summary and objectives (maximum 250 words ):

How will your research findings be disseminated?

Proposed starting date: .....Proposed duration (months):

Total cost (as in Appendix III): £

**4. Local Research Ethics Committee approvals**

Has approval for the project been sought from the Local Research Ethics Committee(s) (LREC) in the Health Authority(ies) concerned? Yes/No

If no, please enclose a covering letter indicating, with reference to relevant guidelines, why the project does not require LREC approval.

If yes, list the committee(s) below with dates when a decision was or will be made.

Copies of all LREC responses must be submitted immediately together with a covering letter indicating what action is proposed, if approval is withheld or conditional upon modifications to the protocol.

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**5. Details of persons working on the project including those named in sections 1 & 2**

Name/ main duties	Average no. of hours per week spent on project

**6. Additional research funding**

Is your research supported by any outside body? Yes/No  
 If yes, please state:  
 the topic: .....  
 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: ..... / ..... / .....

**7. Research Supervision (if applicable)**

Name: .....

Address: .....

.....

Brief details of present post and research expertise:

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.....

A letter of support must be included with the application.

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**8. Co-operation confirmation**

(1) Does the project require the co-operation of specific individuals (e.g. NHS consultants and/or managers) or bodies (e.g. Health Authority, NHS Trust, University, etc.)? Yes/No

If yes, please enclose copies of letters confirming co-operation.

(2) Will your project be carried out within an NHS provider? Yes/No

If yes, please enclose copies of letters confirming that the necessary infrastructure is in place at no additional cost to the AACP.

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**9. Postgraduate study**

Is this research part of a postgraduate degree or higher education course? Yes/No

If yes, please give details:

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**10. Declarations**

**Applicant**

I have read the conditions set out by the Acupuncture Association of Chartered Physiotherapists Limited, and if my application is successful, I agree to abide by them. I shall be actively engaged in, and take full control of the project.

Signature of lead applicant: .....

Name: .....

Position: .....

Organisation: .....

Date:.....

**Head of Department / Finance Officer**

This application should be signed by (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded.

I confirm that I have read this application and that if granted, the work will be accommodated and administered in the Department/Institution to meet the project objectives. The staff grades and salaries quoted are correct and in accordance with the normal practice of this Institution.

Signature of Head of Department:

Name: .....

Date: ...../...../...../                      Position: Head of Department.....

Organisation:

Address: .....

Signature of Finance Officer:

Name:

Date: ...../...../.....                      Position:.....

Organisation:

Address: .....

.....

## **APPENDIX I: DETAILS OF PROPOSED RESEARCH**

Please give details of the work for which you are requesting support (using the following headings for guidance). Do not exceed four sides of A4, minimum font size 10.0, single line spacing.

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- 1. Title**
  - 2. Benefits the proposed investigation will bring to acupuncture/physiotherapy / patient care**
  - 3. Purpose**
  - 4. Background to the project**
  - 5. Study participants (inclusion and exclusion criteria)**
  - 6. Plan of investigation (including research methodology proposed)**
  - 7. Data analysis (including involvement with a statistician if necessary)**
  - 8. References**
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**APPENDIX II: PROJECT TIMESCALE AND MILESTONES**

Using the grid provided indicate what you hope to complete at various stages of the project.  
Photocopy as necessary.

**PROJECT MILESTONES**

ACTIVITY	START DATE	COMPLETION DATE

### **APPENDIX III**

A) Financial details of support requested (e.g. salary, equipment, and consumables).

B) Justification for support requested.

**APPENDIX IV (A)**  
**CURRICULUM VITAE OF APPLICANT(S)**  
(Please photocopy Appendix IV as necessary).

Surname:.....	Forename(s): .....
Date of birth:	

<u>Qualifications, degrees etc.:</u>
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<u>Relevant Post-Registration courses attended:</u>
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<u>Posts held during the last 5 years (with dates):</u>
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<u>Recent publications, provide up to 6 references (if applicable):</u>
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