**APCP Research Bursary Application Form**

All applicants are requested to complete the table below. Please note that applications are anonymised prior to review and selection by the APCP professional development group (PDG).To maximise a successful application please provide as much relevant information as possible.

**Please note – funds may be requested for equipment, software, travel, statistics support, transcription services, public and patient involvement/ engagement (PPIE) contribution to PhD fees.**

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| **Applicant Details** | |
| Applicants may apply for up to £2000 for research | Request amount |
|  |
| **APCP number** |  |
| CSP number  (if applicable) |  |
| First name: |  |
| Last name: |  |
| Title: |  |
| Current post: |  |
| Organisation: |  |
| Contact Address: |  |
| Email: |  |
| Contact Phone number |  |
| Qualifications  Dates & institutions |  |
| Have you received an APCP research bursary before? If so please state date and research title |  |
| **Research Title:** | |
| Type here | |
| **Background/ rationale for the research** (250 word max) | |
| Type here | |
| **Please state your research question/s or aims and the research objectives** (150 words max) | |
| Type here | |
| **Provide details of the following** (250 word max)  Research Design:  Data collection and proposed data analysis methods:  Ethical considerations/ plan (or state whether exempt)  Timelines: | |
| Type here | |
| **Funding requested with break down of expenses** (in £)**:** (200 words max)  e.g equipment, software, travel related to research, stats support, PPIE, transcription, contribution to PhD/ Prof D fees | |
| Type here | |
| **Dissemination plans and statement relating to the impact in relation to APCP aims and priorities** (150 words) | |
| Type here | |