**APCP Research Award Application Form 2025**

All applicants are requested to complete the information below.

To maximise a successful application please provide as much relevant information as possible.

Send to ally@apcp.org.uk

**Deadline:**

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| **COURSE TITLE:** |   |
| **Amount of Funding Request:** |  |
| **First name:**  |  |
| **Last name:**  |   |
| **APCP number of applicant:**  |   |
| **Title:**  |   |
| **Current post:**  |   |
| **Organisation:**  |   |
| **Contact Address:**  |   |
| **Email:**  |   |
| **Contact Phone number:** |   |
| **Please list the name, affiliations and qualifications of the applicant, principal investigator and co applicants as appropriate:**  |  |
| **Learning Outcomes of the research and justification:** |  |

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| **Lay Summary (Summarise your proposed research in non-technical words)** (250-word max) |
| **If applicable, please describe any patient, public or APCP involvement in the development of the project** (250-word max)  |
| **Background/ rationale for the research** (250-word max)  |
| **Please state your research question/s or aims and the research objectives** (150 words max)  |
| **Provide details of the following** (500-word max) Research Design: Data collection and proposed data analysis methods: Ethical considerations (include timeline): Timelines:  |
| **Funding requested with breakdown of expenses** (in £) you may need to contact your local R & D office. e.g equipment, travel, stats support, researcher time    |
| **Dissemination plans and statement relating to the impact in relation to APCP aims and/ or CSP research priorities** (150 words)    |
| **Signature**  **Date**  |

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|  **Research Bursary EDI Questionnaire** |
| **Equity, Diversity and Inclusion Statement:****APCP is committed to equal opportunity in employment and education. The organisation does not discriminate in any program or activity on the basis of race, colour, religion, gender, age, national origin, disability, marital status, or any other protected class.  We welcome all people into APCP and we will ensure you have the freedom and empowerment to develop yourself in a safe and authentic environment.  Therefore, for us to achieve our statement, we would appreciate your cooperation in completing the questions below:** |

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| **What is your ethnic group? (Please highlight)****(Choose one option that best describes your ethnic group or background)** |

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| **White**1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Mixed / Multiple ethnic groups**1. White and Black Caribbean
2. White and Black African
3. White and Asian
4. Any other Mixed / Multiple ethnic background, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Asian / Asian British**1. Indian
2. Pakistani
3. Bangladeshi
4. Chinese
5. Any other Asian background, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**1. Arab
2. Any other ethnic group, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  |  **Black / African / Caribbean / Black****British**1. African
2. Caribbean
3. Any other Black / African / Caribbean background, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **What best describes your gender? (Please highlight)** |

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| 1. Female
2. Male
3. Nonbinary
4. Genderqueer
5. Agender
6. Prefer not to say
7. Prefer to say, self-describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Is your gender identity the same as the sex you were assigned at birth?****(Please highlight)** |

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| 1. Yes
2. No
3. Prefer not to say
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| **What is your sexual orientation? (Please highlight)** |

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| 1. Bisexual
2. Gay or Lesbian
3. Heterosexual/straight
4. Pan-sexual
5. Prefer not to state
6. Prefer to say self-describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Your pronouns? (e.g. they/them)** |

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| **What are your religious / spiritual beliefs? (Please highlight)** **What religious family do you belong to or identify yourself most close to?** |

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| 1. Buddhist
2. Hindu
3. Jewish
4. Muslim
5. Sikh
6. Christian (Catholic, protestant or any other Christian denominations)
7. Spiritualism
8. I am not religious/spiritual
9. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **What disabilities should we be aware of to support your journey with APCP?** |

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| Please describe:  |

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| **What areas of support would you like / consider from APCP?** |

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| Please describe:  |

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| **What else can APCP help you with?** |
| Please describe:  |

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| **Socioeconomic Status and Background (Please complete the 5 questions below):** |

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| 1. Did any of your parent (s) or guardian (s) complete a university degree course or equivalent (for example BA, BSc or higher)?

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| **Thank you for completing and participating in this short Equity, Diversity and Inclusion Questionnaire.** |