# Advancing the Evidence Grant Proposal Form 2025

### Please read the Submission information and FAQs documents before completing this form. For information about how we use your data and your privacy rights, please see our [Privacy Notice](https://www.rcot.co.uk/privacy-notice).

|  |
| --- |
| **SUMMARY PAGE** |
| 1. **Title of project** (maximum 20 words) |
| 1. **Principal Investigator** (title/name/institution) |
| 1. **Co-applicant(s)** (title/name/institution) |
|  |
|  |
|  |
|  |
|  |
| 1. **Name of host institution** (for contractual purposes) |
| 1. **Proposed start date and duration of project** (refer to the submission information and FAQs documents) |
| 1. **Total amount of funding sought** |
| 1. **Plain English summary** (250 words maximum)   Note: you can find guidance on writing plain English summaries on NIHR’s website: <https://www.nihr.ac.uk/documents/plain-english-summaries/27363>. The RDS North East and North Cumbria PPI panel also has produced some guidance: [https://www.youtube.com/watch?v=w\_MttgRQs4E](https://eu-west-1.protection.sophos.com/?d=youtube.com&u=aHR0cHM6Ly93d3cueW91dHViZS5jb20vd2F0Y2g_dj13X010dGdSUXM0RQ==&i=NjA5MzllMmU0OTljZjI0ODM5M2UxYTcz&t=MUU0WTNiZE00cU1lTUZqSm9WMVhjYTIvYnlSR3JvK3JyL3M0K1BqdU1ZZz0=&h=b34264c1c0a448dca29a0ebbba5b0c94). If your application is successful this summary will be published on the RCOT website.  Word count total: |
| 1. **Research proposal** (7,000words maximum)   In this section, please describe the following:   * Rationale for how the research supports the [top ten priorities](https://www.rcot.co.uk/top-10) for occupational therapy research in the UK * Methodology * Ethical considerations * How diverse perspectives will be included * Public involvement, including co-production, and engagement in developing the application and involvement throughout the project * Dissemination plans * Future funding plans * Host institution support * How the research will benefit occupational therapy and people who access occupational therapy * How the research will increase research capacity in occupational therapy.   It is essential you refer to the Advancing the Evidence Grant submission information for more details.  Word count total: |
| 1. **Timeline for the proposed research - including key deliverables/stages of the proposed project** |
| 1. **References** List all references cited within the proposal form. For reference style see ‘Referencing guide for RCOT publications’ at: <https://www.rcot.co.uk/library/make-most-your-search> |
| 1. **Funding requested** (include costs incurred by all contributors whose details are given within the proposal.   Costs may include relevant conference attendance up to a maximum of £2K.)  Note: as a charity we do not meet university overhead costs associated with full economic costing, and these should not be included in your costs below. |
| **Year 1 of the project** Staff time costs |
| Consumables |
| Public involvement and engagement costs (NB costs related to staff management of public contributors to the study, as distinct from participants, should be included under staff time cost) |
| **Year 2 of the project**  Staff time costs |
| Consumables |
| Public involvement and engagement costs (NB costs related to staff management of public contributors to the study, as distinct from participants, should be included under staff time cost) |
| **Year 3 of the project**  Staff time costs (salary and grade) |
| Consumables |
| Public involvement and engagement costs (NB costs related to staff management of public contributors to the study, as distinct from participants, should be included under staff time cost) |
| **Total costs:** |
| 1. **Has the proposal been submitted to other funders? If yes, please specify which one(s).** |

|  |  |
| --- | --- |
| **Principal Investigator details** | |
| Title: | BAOT professional membership no: |
| Surname: | Forename(s): |
| ORCID ID number: | |
| Current appointment | |
| Job title: | Department: |
| Institution / Organisation: | |
| Telephone: | Email: |
| Date of commencement: | |
| Is this a permanent post? | If not, provide termination date: |
| Relevant professional qualifications, degrees, diplomas etc. | |
| Higher degrees (give details of level and title, and briefly describe research undertaken as part of the degree) | |
| Date doctorate was awarded: | |
| Publications (include peer-reviewed and other journals, book chapters, online publications etc published within the last five years. Do not attach articles.) | |
| Recent grants obtained (include grants obtained within the last 10 years. Indicate whether you were the principal grant-holder, co-lead or a collaborating partner) | |
| Research experience(additional information regarding your research experience - 350 words maximum)  Word count total: | |
| Contribution to project(350 words maximum)  Word count total: | |

|  |  |
| --- | --- |
| **Co-applicant** (please complete section 14 for each co-applicant, inserting additional tables as required) | |
| Title: | BAOT membership no, if appropriate |
| Surname: | Forename/s: |
| Current appointment | |
| Job title: | Department: |
| Institution/Organisation: | |
| Telephone: | Email: |
| Date of commencement: | |
| Is this a permanent post? | If not, provide termination date: |
| Relevant professional qualifications, degrees, diplomas etc(include details of awarding body and dates) | |
| Higher Degrees(give details of level and title, and briefly describe research undertaken as part of the degree) | |
| Date doctorate was awarded: | |
| Recent publications (peer reviewed or other journals, book chapters etc published within the last five years) | |
| Recent grants obtained (within the last 10 years) | |
| Relevant clinical/research experience (250 words maximum)  Word count total: | |
| Contribution to the project (250 words maximum)  Word count total: | |

|  |  |
| --- | --- |
| 1. **Public/Lived experience co-applicant** (please complete section 15 for each public co-applicant, inserting additional tables as required) | |
| Title: | |
| Surname: | Forename/s: |
| Relevant experience: Please describe any relevant work (paid or unpaid), knowledge and experience of other public involvement and engagement activities, knowledge and experience of any previous research, or experience of conditions, interventions or services related to the research. | |
| Relevant skills, qualifications and training | |
| Contribution to the project (250 words maximum)  Word count total: | |

**Application continues overleaf.**

|  |  |  |
| --- | --- | --- |
| 1. **Signatures** (electronic signatures are acceptable; typed signatures are not. This page can be submitted in PDF format.) | | |
| **Principal Investigator**  I shall be actively engaged in the project and will take responsibility for its undertaking and completion in accordance with the activity detailed in this project proposal. I understand that the proposal will be reviewed by an external expert and by members of the RCOT Research and Innovation Fund Panel. I also understand my application, if successful, will be retained until award audit requirements have been met and then for one year following publication of the summary report on the RCOT website. If unsuccessful, my application will be retained for 18 months following the outcome. | | |
| **Name:** | Signature: | Date: |
| **I confirm that this application has been peer reviewed prior to submission** (please clearly select one): | Yes / No | |
| **If your research is based in England, have you contacted the NIHR Research Delivery Network to see how they can help to support the delivery of your study? (See Submission information document for more information)** | Yes / No | |
| **Co-applicants**  I shall be actively engaged with the project as indicated in this project proposal. | | |
| **Name:** | **Signature:** | **Date:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Finance Manager** (host institution) | | |
| **Name:** | **Signature:** | **Date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Diversity monitoring questions -** Answering this section is voluntary.   At RCOT we are committed to creating an inclusive environment in which everyone can thrive.  We are asking diversity monitoring questions because we want to be able to identify and remove barriers to full inclusion in the Research and Innovation Fund. This data can also help us measure our success in making our policies and procedures fully inclusive and fair.  The data you share will not be used in deciding who receives grant funding. It will not be shared with reviewers or members of the Research and Innovation Fund Panel while they are deciding whether to fund the application. The information is protected under Data Protection legislation and importantly, we never disclose your personal data without your permission. For more information please see our [Privacy Notice](https://www.rcot.co.uk/privacy-notice). | | | | | |
| **Age** (please put an **x** in the box next to your answer) | | | | | |
| 18-24 |  |  | | | |
| 25-34 |  |  | | | |
| 35-44 |  |  | | | |
| 45-54 |  |  | | | |
| 55-64 |  |  | | | |
| 65-74 |  |  | | | |
| 75 and over |  |  | | | |
| **Gender** (please put an **x** in the box next to your answer) | | | | | |
| Woman (including Trans woman) | |  |  | | |
| Man (including Trans man) | |  |  | | |
| Non-binary | |  |  | | |
| Prefer to self-describe | |  |  | | |
| Prefer not to say | |  |  | | |
| **Sexual orientation** (please put an **x** in the box next to your answer) | | | | | |
| Heterosexual/Straight | |  |  | | |
| Bisexual | |  |  | | |
| Gay | |  |  | | |
| Lesbian | |  |  | | |
| Prefer to self describe | |  |  | | |
| Prefer not to say | |  |  | | |
| **Trans status** Is your gender identity the same as the gender you were assigned at birth? (please put an **x** in the box next to your answer)  (Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth – Stonewall) | | | | | |
| Yes | |  |  | | |
| No | |  |  | | |
| Prefer not to say | |  |  | | |
| **Disability/Long term health condition** Do you have lived experience of a disability and/or long-term health conditions? (please put an **x** in the box next to your answer) | | | | | |
| Yes | |  |  | | |
| No | |  |  | | |
| Prefer not to say | |  |  | | |
| **If yes:**  If you are happy to disclose, can you, explain (give examples of) what impacts (if any) these lived experiences have on your practice? | | | | | |
| **Religion** (please put an **x** in the box next to your answer) | | | | | |
| No religion | | |  |  | |
| Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) | | |  |  | |
| Buddhist | | |  |  | |
| Hindu | | |  |  | |
| Jewish | | |  |  | |
| Muslim | | |  |  | |
| Sikh | | |  |  | |
| Any other religion | | |  | If ‘other religion’, please state what it is here: | |
| **Race/Ethnicity** (please put an **x** in the box next to your answer) | | | | | |
| White - English, Welsh, Scottish, Northern Irish or British | | | |  |  |
| White - Irish | | | |  |  |
| White - Gypsy or Irish Traveller | | | |  |  |
| White - Any other White background | | | |  |  |
| Mixed or Multiple ethnic groups - White and Black Caribbean | | | |  |  |
| Mixed or Multiple ethnic groups - White and Black African | | | |  |  |
| Mixed or Multiple ethnic groups - White and Asian | | | |  |  |
| Mixed or Multiple ethnic groups - Any other Mixed or Multiple ethnic background | | | |  |  |
| Asian or Asian British - Indian | | | |  |  |
| Asian or Asian British - Pakistani | | | |  |  |
| Asian or Asian British - Bangladeshi | | | |  |  |
| Asian or Asian British - Chinese | | | |  |  |
| Asian or Asian British – Any other Asian background | | | |  |  |
| Black, African, Caribbean or Black British - African | | | |  |  |
| Black, African, Caribbean or Black - British Caribbean | | | |  |  |
| Black, African, Caribbean or Black British - Any other Black, African, or Caribbean background | | | |  |  |
| Other ethnic group - Arab | | | |  |  |
| Any other ethnic group | | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Caring responsibilities** Do you have any caring responsibilities for a child/children and/or another adult/s?(please put an **x** in the box next to your answer) | | |
| Yes |  |  |
| No |  |  |
| Prefer not say |  |  |
| If ‘yes’, please select all that apply by putting an x in the box next to your answer:  If you share care responsibilities equally then please answer as the primary carer. | | |
| Primary carer of a child or children (under 18 years) |  |  |
| Primary carer of a child or children who is disabled or has a health condition or illness, or temporary care needs (under 18 years) |  |  |
| Primary carer or assistant for a disabled adult or adults (18 years and over) |  |  |
| Primary carer or assistant for an older person or people (65 years and over) |  |  |
| Secondary carer (another person carries out main caring role) |  |  |
| Prefer not to say |  |  |