# Involving People in Research Grant Proposal Form 2025

### Please read the submission information document 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).

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| **SUMMARY PAGE** |
| 1. **Title of project** (maximum 20 words) |
| 1. **Applicant** (title / name / institution) |
| 1. **Co-applicant(s)** (title / name / institution) |
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| 1. **Name of proposed host institution** (for contractual purposes) |
| 1. **Proposed start date and duration of project** (refer to the submission information) |
| 1. **Plain English summary** (250 words maximum)   Please give a plain English summary of the overall research you are seeking support for. See the submission information document for further details.  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. **Please describe how the overall future research supports the** [**top ten priorities**](https://www.rcot.co.uk/top-10) **for occupational therapy research in the UK.** (250 words maximum)   Word count total: |
| 1. **Describe how you plan to use the grant funding to support involvement of people with lived experience in your activity, noting the consideration of inclusion of diverse populations and whether ethical approval is needed.** (750 words maximum)   Word count total: |
| 1. **Identify future funding stream(s) that this activity will support you to apply for.** |
| 1. **Timeline for the proposed activity.** We expect activity to complete within 12 months. |
| 1. **Funding requested** This should not exceed £2,000. Please ensure you are compensating people with lived experience at the [NIHR benchmark rates](https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392#payment-rates). |
| Public involvement and engagement costs |
| Consumables |
| **Total amount of funding requested:** |

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| **Applicant details** | |
| Title: | BAOT professional membership no: |
| Surname: | Forename(s): |
| ORCID ID number: | |
| 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, or anticipated submission date: | |

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| **Co-applicant** (please complete section 13 for each co-applicant, inserting additional tables as required) | |
| Title: | BAOT membership no (if applicable): |
| Surname: | Forename/s: |
| 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: | |

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| 1. **Public/Lived experience co-applicant** (please complete section 14 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.**

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| 1. **Signatures** (electronic signatures are acceptable; typed signatures are not. This page may be submitted in PDF format.) | | |
| **Applicant**  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 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. If unsuccessful, my application will be retained for 18 months following the outcome. | | |
| **Name:** | **Signature:** | **Date:** |
| **Co-applicants**  I shall be actively engaged with the project as indicated in this project proposal. | | |
| **Name:** | **Signature:** | **Date:** |
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| **Research Supervisor** (for doctoral student applicants)  I support this application. | | |
| **Name:** | **Signature:** | **Date:** |
| **Departmental Manager** (for postdoctoral applicants)  I support this application | | |
| **Name:** | **Signature:** | **Date:** |

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| 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. | | | | | |
| **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 | | | |  |  |
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| **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 | | | |  |  |