**HRCI Template**



**Application form for researchers looking for Patient and Public Involvement (PPI) support**

***Note for HRCI members:*** *This template form is to help you formalise your engagements with researchers who are looking to you for support in their PPI activities (not seeking to recruit participants for a study). The form can be modified to suit the needs and circumstances of your organisation. In addition to the form, you might also consider sharing with applicants the details of research priorities for your community, any particular things that could make it easier for PPI contributors in your community to get involved and how you will make this opportunity known to them (e.g. by circulating the details to your PPI network) .*

*Please let us know if you have modified the form in ways that might also be useful to other members.*

*Below is the template form.*

-------------------------------------------------------------------------------------------------------------------------------------------

**Introduction**

Thank you for getting in touch to request our support for your PPI activities. This form is specifically for the purpose of facilitating the involvement of our patient and carer community in research decision-making.

*Note*: *If it is representatives of [insert your organisation’s name] itself you wish to involve, please talk to us about that.*

We strongly encourage public and patient involvement. We are also committed to acting in the best interests of the community we represent. In order to help us ensure best practice in both, we require you to fill in this application form outlining your plans.

In completing this form, I understand that:

* An application does not guarantee our support. There are many reasons why we might not be in a position to help but, in that case, we will endeavour to explain our reasons and offer advice.
* If we can support you, all or some of the information that you provide below may be shared with the community we represent.
* If we share the opportunity with our community, we cannot guarantee that there will be interest.

**Please leave [insert number of weeks] for us to review your application prior to any deadline.**

|  |
| --- |
| Names of the principal investigator(s)/lead(s) and institution(s) |
|  |

|  |  |  |
| --- | --- | --- |
| Contact person’s name & role | Phone number | Email address |
|  |  |  |

|  |
| --- |
| Project/initiative name (or focus if it does not have a name). If there is a relevant website, please include the address. (*max 30* *words*) |
|  |

|  |
| --- |
| Tell us a little about your research project or initiative? Please include details of what it is focused on, who else will be involved and make sure to use plain English if describing a technical project. (*max 300* *words*) |
|  |

|  |
| --- |
| Tell us what you **hope to achieve** by involving PPI contributors (*max 300* *words*) |
|  |

|  |
| --- |
| Tell us **in plain English** about your plans for PPI. You should include the **phases of the research cycle** in which you hope to involve PPI contributors and some of the **approaches** you are considering using to facilitate this involvement. If you have already developed a role description for PPI contributors, please attach it.  *We encourage you to engage with patients/the public from the earliest phases of your research planning but will not penalise you for not having done so* (*max 500* *words*) |
|  |

|  |
| --- |
| What **stage** is your project/initiative at? |

* Planning phase
* Funding secured but not yet started
* Project has recently started
* Project is well underway
* Other (please state below)

|  |
| --- |
|  |

|  |
| --- |
| If applicable, has **ethical approval** has been granted for the research you will undertake? If ethical approval has not been granted, please state why.  *Note: ethical approval is not required for PPI activities (unless there are particular ethical concerns for the PPI contributors).* |
|  |

|  |
| --- |
| How much **time** do you estimate will be required of PPI contributors and what is the **timeframe** involved? Please also state how long individual PPI activities will take. (*max 200* *words*) |
|  |

|  |
| --- |
| **Where** will the activities take place? *Just state the location(s) or, if PPI contributors can be involved from home, state how this will be done.* |
|  |

|  |
| --- |
| **How many** PPIcontributors are you seeking? |
|  |

|  |
| --- |
| Are there particular **characteristics required in the people you wish to involve** e.g. should they have a particular subtype of a condition, should they be patients themselves or carers or should they be past or current patients? (*max 100* *words*) |
|  |

|  |
| --- |
| How will you **support PPI contributors** to participate in your activities e.g. will training or role descriptions be provided, will you be offering payment and will their expenses be covered (*we strongly encourage that you cover all costs for your PPI contributors at a minimum*)?  If necessary, what measures do you have in place to ensure sufficient accessibility for patients e.g. suitable reading materials, appropriate location access, provision of interpreters etc. (*max 250* *words*) |
|  |

|  |
| --- |
| What are the risks and the benefits to the PPI contributors who get involved? If there are risks e.g. potential for distress, how will you manage them? (*max 250* *words*) |
|  |

|  |
| --- |
| How will you **share the outcomes** of the research with the PPI contributors over time (*we consider this essential in order for us to provide support*)? How will you acknowledge their contribution to the work? Will you encourage the PPI contributors to feedback their views of the process? (*max* *250 words*) |
|  |

|  |
| --- |
| How will potential PPI contributors **apply/get in touch** with you and how will you let them know if they have been accepted? (*max* *250 words*) |
|  |

**Additional possible questions for industry applicants**

|  |
| --- |
| Will you need PPI contributors to sign a confidentiality or **non-disclosure agreement**? *Yes or no* |
|  |

|  |
| --- |
| Do you abide by a **code of practice for engaging with patient organisations**? If yes, which one. |
|  |

Thank you for completing the form. Your application will be considered by X committee/individual and our decision on whether or not to support your request will be based on the following criteria:

* Whether you have demonstrated that your plans for PPI are appropriate
* Whether you have considered the perspective and needs of potential PPI contributors
* The number and nature of other requests for PPI support we have obtained within the same time period.

Please email your application to [insert details] and we will confirm receipt.