**MVLS Public and Patient Involvement and Engagement Group**

**Application and Feedback Form**

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| **Applicant Details**  |
| Name of Chief Investigator (CI): |
| Contact for any queries in relation to the project (if not the CI): |
| **Project Details** |
| Title: |
| Plain English Title:  |
| **Part A** |
|  **Application for PPI input** |
| What stage of the research project life-cycle are you currently at (please circle);Initial design Funding applicationEthics applicationData collection Data analysisOther (please describe) |
| **If funded:** Funder:Project start date: Duration:**If pre-funding:** Potential funder: Application submission date: Expected decision notification date: |
| **Plain English Summary (max 1000 words)** |
| **What is the background to the research?** |
| **How will the research have an impact on patients?** |
| **What are the research questions?** |
| **What methods will you use to answer the research questions?***Who can participate in the research and how will they be recruited?**What does the research involve for taking part?**Wil people have to travel to take part and will you pay their expenses****?*** |
| **How do you propose to involve patients and the public in the research?***How many people will you involve?**Who will you involve?**When will they be involved?* |
| **Glossary***Please define any medical terms or abbreviations you have used* |
| **Discussion with the MVLS PPIe Group**  |
| **Would you like your public involvement costings to be reviewed? If so, please attach your draft PPI costs.**  |
| **Do you have any specific questions/ discussion points for the Group relating to the public involvement aspect of the work? If so please specify** |
| ***Thank you for completing t*he Application for PPI input*****We would like to collect feedback on the support provided, outcomes and impact. We will follow up with the form below for your feedback, after the expected decision notification date, or 3 months after application.*** |
| **Part B (only to be completed when requested)**  |
| **Outcome and feedback** |
| **Funding received following application for PPI input?** **YES/NO/N/A**Delete as appropriate**If YES;**Funder:Project start date:Duration |
| How useful were the PPI comments? On a scale of Very (10) – Not at all (1)  |
| Have you involved an individual, group or organisation in your project following input from the MVLS PPIE Group? **YES/NO****If YES**, please indicate level of involvement; (please tick all that apply)Contribution to design of researchReview of participant –facing documentsLay Grant Holder appointmentOther (please describe) |
| Has the review from the MVLS PPIE group informed and/or influenced the development of your research application/ideas?  **YES/NO**Delete as appropriate**If YES**: Please give details of specific changes made to your study/research documents**If NO**: Please detail why you think the comments received from the PPI group haven’t informed and /or influenced your research  |

Please return to Tracy Ibbotson: tracy.ibbotson@glasgow.ac.uk