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## UKCPA CLINICAL PHARMACY RESEARCH GRANT

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In May 2012 the UKCPA General Committee agreed to establish a clinical pharmacy research grant. It was agreed that projects of up to 12 months duration would be funded each year. Applications for between £5,000 and £25,000 will be considered.

To be considered for funding the project must:

- ◆ Be related to clinical pharmacy
- ◆ Be aligned with the UKCPA mission statement and vision (see here: [www.ukcpa.net/about/mission](http://www.ukcpa.net/about/mission))
- ◆ Have a clear research question or hypothesis
- ◆ Have robust methodology
- ◆ Have clear, defined and measurable outcomes
- ◆ Be completed within 12 months (unless under exceptional circumstances such as significant delays outside the control of the project team)
- ◆ Have a Lead Applicant who is a current UKCPA member
- ◆ Be conducted in the UK

If the application is successful the UKCPA requires the Lead Applicant to:

- ◆ Submit progress reports, with reference to project milestones stated in the Application Form, every three months of the project duration, to the UKCPA General Secretary at [general.secretary@ukcpa.com](mailto:general.secretary@ukcpa.com)
- ◆ Report the progress and results of the project as a poster presentation at each UKCPA conference (Spring and Autumn) during the life of the project, with the final presentation of results being an oral presentation
- ◆ Submit a Research Proposal Summary (see Section 9) to be uploaded to the UKCPA website upon notification of the success of the application
- ◆ Submit a précis of the project results to be uploaded to the UKCPA website on completion of the project
- ◆ Acknowledge UKCPA in all presentations and publications related to the funded project.

All applications for funding should be made on this application form by the researcher who will be responsible for the proposed project. It is in the applicants' own interest to provide the information requested in the application form in the manner requested and as fully and clearly as possible. Please note that more space can be used if required.

To enable us to process and review your application, please also complete and sign the checklist below before returning to the UKCPA office by the requested deadline.

Failure to complete any required section of the application form or to provide any requested accompanying information will result in your application being delayed or rejected.

**DEADLINE FOR APPLICATIONS: 1<sup>st</sup> February 2013**

## CHECKLIST

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**I confirm that I, the lead applicant:**

- Am a member of UKCPA. My membership number is .....
- Have completed all sections of this Application Form
- Have obtained all necessary supporting signatures in Section 12 (Declarations)
- Have emailed this main Application Form and any supplementary documents to [mmatthews@ukcpa.com](mailto:mmatthews@ukcpa.com)

**I, the lead applicant, agree that:**

Should the application be successful, I will provide progress reports every three months of the project life to the UKCPA General Committee, via Sarah Carter, General Secretary, at [general.secretary@ukcpa.com](mailto:general.secretary@ukcpa.com)

Should the application be successful, I will present the progress of the project at each UKCPA conference (Spring and Autumn) during the life of the project, and give a final presentation of results as an oral communication at a UKCPA conference.

Should the application be successful, any completed fields that were stated as being publishable may be used for publication on the UKCPA website.

Should the application be successful, I will endeavour to get the finished project published in an appropriate pharmacy related journal and will acknowledge the UKCPA.

Any potential competing interests are outlined below:

.....  
 .....  
 .....

Signature of Lead Applicant	Date

**After completion this form should be returned to:**

Ms Marie Matthews, General Manager  
 UKCPA  
 1st Floor, Publicity House  
 59 Long Street  
 Wigston  
 Leicester LE18 2AJ  
 Tel: 0116 2776999  
 Fax: 0116 2776272  
 Email: [mmatthews@ukcpa.com](mailto:mmatthews@ukcpa.com)

## **SECTION 1: PROJECT DESCRIPTION**

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### **1.1 Aims and objectives**

*Please outline the overall project aims and objectives here*

### **1.2 Alignment with UKCPA vision**

*Please describe here how the project fits within the overarching vision, mission statement, objectives and strategic direction of UKCPA*

### **1.3 Benefits**

*Please describe here how the project will benefit UKCPA, its members and/or the pharmacy profession, and patients. Please also describe how the results of the project will be used.*

### **1.4 Background**

*Please describe here the background to the project: why it is needed and/or the problem which is to be addressed.*

### **1.5 Plan**

*Please describe here the design of the project with key stages and methods outlined*

**1.6 Scope**

*Please provide details of the scope of the project, eg geography, target population, timeline, etc*

**1.7 Collaborations**

*Please provide details of any collaborations with other UKCPA Groups or outside organisations, if applicable*

**1.8 Timeline for project delivery**

*Please provide an estimated timeline for project deliverables, including an estimated start date, and risks of delays such as ethics approval processes and recruitment.*

*If your application is successful, the progress of the project will be monitored against these stated milestones, and funding may be withheld if progress is not satisfactory (unless under exceptional circumstances such as significant delays outside of the control of the project team, for example, process for ethics approval).*

*Please note that projects of over 12 months duration will not be considered.*

**1.9 Measures of success**

*Provide details of the measurable outcomes used to evaluate the success of the project*

## SECTION 2: PROJECT DELIVERABLES

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Please describe here the objectives and outcomes/deliverables of the project. This can be divided into workstreams if necessary. Please insert more boxes if required.

Objectives & key outcomes/deliverables	
<p><b>[Workstream 1: Objectives]</b></p> <ul style="list-style-type: none"> <li>• Objective 1</li> <li>• Objective 2</li> <li>• Objective 3</li> </ul>	<p>[Timeline]</p> <p>[Timeline]</p> <p>[Timeline]</p>
<p><b>[Workstream 1: Outcomes/deliverables]</b></p> <ul style="list-style-type: none"> <li>• Outcome 1</li> <li>• Outcome 2</li> <li>• Outcome 3</li> </ul>	<p>[Timeline]</p> <p>[Timeline]</p> <p>[Timeline]</p>
<p><b>[Workstream 2: Objectives]</b></p>	
<p><b>[Workstream 2: Outcomes/deliverables]</b></p>	

### **SECTION 3: STAKEHOLDERS**

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*Stakeholders are the individuals or groups who could impact (positively or negatively) on the success of the project, by virtue of their role or influence. Their issues should be identified and managed to ensure the project is successful. Please state here the key stakeholders and how they relate to the project.*

### **SECTION 4: MANAGEMENT AND REPORTING/ACCOUNTABILITY**

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*Please describe here how the project will be managed on a day-to-day basis and how it will be supervised overall. Please also describe any advisory groups, academic support, reference groups or patient involvement, if applicable, and their role in the project.*

*Please also describe the links between these groups and how they will report to each other, including a communication strategy, and frequency of meetings, if applicable.*

*Please feel free to include a diagram if you wish.*

### **SECTION 5: QUALITY ASSURANCE**

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*Please describe here how the project manager will monitor the quality of the project and its outcomes.*

### **SECTION 6: RISK MANAGEMENT**

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*Please describe here any risks to the project and how these will be identified and minimised.*

## SECTION 7: FINANCE AND RESOURCES

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Please outline the resources that are required for your proposed project, under the appropriate headings (or state if not applicable)

### Staff costs

If appropriate, please justify the cost of each individual involved in the project, and outline how their costed time is related to their grade and salary. Please also outline how much (as a percentage) of their time is required.

Please ensure that all staff costs include any salary increments due throughout the project duration. Please do not include estimated increases for cost of living pay rises or 'additional' or 'discretionary' increment points above one salary increment per annum.

### Indirect costs (eg Full Economic Costing/overheads)

The UKCPA grant will not fund indirect costs, such as full economic costing or a contribution to overheads.

	Details, if appropriate	Cost
Staff/human resources		
Travel and subsistence		
Meeting venue costs		
Teleconference costs		
Equipment		
Software		
Training		
Marketing		
Please state if specific marketing of your project would be required (eg for participant recruitment), and whether this would be done by the UKCPA office or externally		
Postage & publications		
Other (please provide details)		
Total		



## SECTION 8: ETHICS APPROVAL

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Please state whether this project will be submitted for ethical approval (for example, to NHS NRES, R&D approval, or a University research ethics committee). If not, please justify.

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## SECTION 9: RESEARCH PROPOSAL SUMMARY

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Please complete the following, some of which will be used on the UKCPA website and for public information.

<b>Full Title of the Project</b>		
<b>Proposed Duration (months)</b>	<b>Proposed Start Date</b>	<b>Total Cost</b>
		£
<i>Please complete the following summary of the proposed project, which will be used on the UKCPA website and for public information [maximum 500 words in total]</i>		
<b>Background</b>		
<b>Aims and objectives</b>		
<b>Methods</b>		
<b>How the results of the research will be used</b>		

## SECTION 10: SUGGESTED REVIEWERS

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Please suggest up to three people who have particular knowledge of the area of research and who we might approach to peer review your proposal. It is possible that we will use one or more of these people as well as our own review team. Please include their area of expertise, place of work and email address.

<p>1.</p> <p>2.</p> <p>3.</p>	
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**SECTION 11: APPLICANT DETAILS**

Please complete the following contact details for the Lead Applicant and any additional applicants.  
Please also attach a brief Curriculum Vitae for the Lead Applicant (maximum of two sides of A4) at the end of the application.

<b>Lead applicant details (to whom all correspondence will be addressed)</b>			
Name	Title	First name	Last name
Post Held			
Organisation			
Address			
Postcode			
Tel. No.			
Fax No.			
Email			
Number of additional applicants			
<b>Other applicant details (please add additional pages if necessary)</b>			
Name	Title	First name	Last name
Post Held			
Institution			
Address			
Postcode			
Email	Tel	Fax	
<b>Other applicant details (please add additional pages if necessary)</b>			
Name	Title	First name	Last name
Post Held			
Institution			
Address			
Postcode			
Email	Tel	Fax	

**SECTION 12: DECLARATIONS**

*UKCPA require that the Lead Applicant provides a declaration from their department or institution confirming that the work can be accommodated in the department or institution.*

<b>FOR THE HEAD OF DEPARTMENT OR INSTITUTIONS:</b>		
I declare that I have read this application and that, if funded, the work will be accommodated and administered in the department / institution and that the applicants for whom we are responsible may undertake this work.		
Signature	Date	Name (BLOCK CAPITALS)
Post Held		
Organisation		
Address		
Postcode		
Tel. No.		
Fax No.		
Email		

<b>FOR LEAD APPLICANT ONLY:</b>		
I declare that I will be actively engaged in, and in day to day control of the project.		
Signature	Date	Name (BLOCK CAPITALS)
<b>FOR ALL APPLICANTS: (please add additional pages if necessary)</b>		
I declare that the information given on this form is complete and correct.		
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)