**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 application  Ethics application  Data collection  Data analysis  Other (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 research  Review of participant –facing documents  Lay Grant Holder appointment  Other (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](mailto:tracy.ibbotson@glasgow.ac.uk)