

**Application form for researchers looking for Patient and Public**

**Involvement (PPI) support**

**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 Family Carers Ireland 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 we might not be in a position to help but, in that case, we will endeavour to explain our reasons and offer advice, as appropriate. [ ]
* If we can support you, all or some of the information that you provide below may be shared with the community we represent. [ ]
* In the event that we are able to offer support, we will offer the opportunity to our community but cannot guarantee that there will be interest. [ ]

**Please leave two weeks for us to review your application prior to any deadline.**

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| Name of the principal investigator and institution |
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| Contact person’s name & role | Phone number | Email address |
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| Tell us what you **hope to achieve** by involving PPI contributors e.g. will it help ensure relevance of your research to a particular patient group or benefit people in some other way? (*max 100* *words*) |
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| Tell us **in plain English** about your plans for PPI. You should include details on the focus of your research, the **phases of the research cycle** in which you hope to involve PPI contributors and some of the **methods or activities** 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*) |
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| What **stage** is your research at? |

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

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| If **ethical approval** has been granted for the research you will undertake, please attach the participant information sheet. If ethical approval has not been granted, please state why. *Note: ethical approval is not required for PPI activities (unless there are particular concerns for the contributors).* |
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| 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*) |
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| **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.* |
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| **How many** PPIcontributors are you seeking? |
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| Are there particular **characteristics required in the people you wish to involve** e.g. should they be caring for someone with a particular subtype of a condition, should they belong to a particular age group? (*max 100* *words*) |
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| 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, etc. (*max 250* *words*) |
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| Tell us a little about how you will **manage any risks**. Are there any risks, that you are aware of, to PPI contributors participating in the involvement activity e.g. potential for distress? If so how will you address them? (*max 250* *words*) |
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| 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*) |
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| 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*) |
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**Additional possible questions for industry applicants**

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| Will you need PPI contributors to sign a confidentiality or **non-disclosure agreement**? *Yes or no* |
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| Do you abide by a **code of practice for engaging with patient organisations**? If yes, which one. |
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Thank you for completing the form. Your application will be considered by our Family Carers Research Advisory Network network 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 Nikki Dunne ndunne@familycarers.ie and we will confirm receipt.