# **Patient and public involvement (PPI)**

**Support request form**

We support good quality research that has the potential to benefit people affected by Parkinson’s.

You will be asked to agree to the conditions of our support, which are outlined in our PPI Support Agreement. It will be at the discretion of the Parkinson’s UK as to whether the research is eligible for support and how this is provided. For more information about the types of research we support, refer to the **Research Support Policy** on the [PPI webpage](https://www.parkinsons.org.uk/research/patient-and-public-involvement-ppi).

Before completing this form, we recommend you read our [PPI Guidance for Researchers](https://www.parkinsons.org.uk/sites/default/files/2018-11/PPI%20Guidance%20for%20Researchers.pdf) which gives you practical tips and advice on involving people affected by Parkinson’s in research.

By helping you to involve people affected by Parkinson’s in your research, Parkinson’s UK is not taking any responsibility for the research and is therefore not liable for any claims concerning negligence, harm or oversight that might arise during the course of the research.

Please return your completed form to[researchinvolvement@parkinsons.org.uk](mailto:researchinvolvement@parkinsons.org.uk)

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| **Contact details** | | | |
| **Principal applicant** |  | | |
| **Job Title** |  | | |
| **Research Institution** |  | **Department** |  |
| **Telephone** |  | **Email** |  |
| **Co-applicants (if any)** |  | | |

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| **Background to your research** | | |
| **Plain English title** |  | |
| **A plain English description of the study and its aims** (max 250 words, including research area, projected study length if known and any suitable links to online information about the research) | | |
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| **How will your research help people affected by Parkinson’s in the future?** (in 2 or 3 sentences) | | |
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| **Have you secured funding for your research?** If yes, who is the funder?If no, when and where are you applying for funding? | | |
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| **Do you have ethical approval for your study at this stage?**  If yes, please send this to us as an attachment. | |  |
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| **PPI in your research** | | | |
| **At what stage of your research would you like to involve people affected by Parkinson’s?** (tick all that apply) | | | |
| * Identifying and prioritizing your research question * Writing your plain English summary * Designing your study * Evaluating study documents (information sheets, consent forms etc.) * Managing the research (as part of a steering group or advisory committee) * Undertaking the research * Disseminating the research * Evaluating impact * Other (please specify): | | | |
| **How would you like to involve people affected by Parkinson’s in your project?** (such as completing a survey, attending focus/steering groups, reviewing documentation) | | | |
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| What will you be asking the PPI contributors to do? | | | |
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| **Are you looking for people with specific characteristics or experience?** (such as early-onset, experience of participating in research) | | | |
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| **What will be the expected time commitment for PPI volunteers?** | | **How many people fitting the criteria are you looking for?** | |
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| **Are you looking for people who live in a specific location?** (e.g. city/region or UK-wide) | | **When is the deadline for recruiting PPI contributors?** | |
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| **Does this PPI role require ethical approval?** If yes, please provide a copy.  Please see the [INVOLVE/HRA statement](http://www.hra.nhs.uk/documents/2016/05/hra-involve-updated-statement-2016.pdf) for advice on when PPI activities may need ethical approval. | | | * Yes * No |
| **Do you have funding for PPI activities?** If required, e.g., for focus groups, face-to-face meetings. | | | * Yes * No * Not required |
| **Will PPI expenses be reimbursed?** We recommend using the INVOLVE [Involvement Cost Calculator](http://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/) to budget for PPI activities. | | | * Yes * No |

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| **Experience of involvement** | |
| **What is your previous experience of patient and public involvement, relating to this project or any previous work?** | * I have no previous experience * I have a little experience * I have some experience * I have a lot of experience |
| **Please provide a brief explanation of any previous involvement experience:** | |
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| **Feedback and acknowledgement** |
| **How do you plan to feedback to the PPI contributors on the impact they have had?** |
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| **How will you inform those taking on the PPI role of the research outcomes once the study is complete?** |
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| **How do you plan to acknowledge the PPI contributors?** As a contributor, co-applicant, authorship? |
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