

**Non-drug approaches pre-proposal form**

**for a project gra**

* **Please read the non-drug approaches ‘information for applicants’ document before making your application.**
* **You may submit up to two pages of figures and / or pilot data as an appendix.**
* **You may submit a bio-sketch CV (up to two pages) in Arial font size 11**

**Application details**

|  |  |
| --- | --- |
| **Application reference (Internal use)** |  |
| **Principal applicant** |  |
| **Application title** |  |
| **Host institution name and address** |  |
| **Proposed start date** |  | **Duration****(months)** |  | **Total cost** | [from finance table] |

 **Research area (please mark with an ‘x’)**

|  |  |
| --- | --- |
| Occupational therapy |  |
| Speech and language therapies |  |
| Mental health therapies (non-drug) |  |
| Health and social care |  |
| Physiotherapy |  |
| Complementary therapies |  |
| Nutrition |  |
| Exercise, dance |  |
| Technology aids (not apps) |  |
| Other  |  |

**Principal applicant details**

**The principal applicant must have a permanent contract within their institution to be able to proceed to full application. Does the principal applicant have a permanent contract with their institution? Yes / No**

|  |  |
| --- | --- |
| **Name** |  |
| **Current post** |  |
| **Institution address** |  |
| **Telephone** |  | **Email** |  |

**Co-applicant 1 details**

|  |  |
| --- | --- |
| **Name** |  |
| **Current post** |  |
| **Institution address** |  |
| **Telephone** |  | **Email** |  |

**Collaborator 1 details**

|  |  |
| --- | --- |
| **Name** |  |
| **Current post** |  |
| **Institution address** |  |
| **Telephone** |  | **Email** |  |
| **Role of the collaborator** |  |

**Abbreviations**

**Plain English title**

 **Plain English summary (500 words max)**

Please ensure that the Plain English summary is written for a lay audience, including sufficient information to understand the importance, objectives, design and outcomes of the project.

**Scientific abstract (300 words max)**

Brief summary of background, importance, how the project will be run and outcomes.

**Objectives**

Outline key milestones of project and delivery.

|  |  |  |
| --- | --- | --- |
|  | **Objective** | **Deadline** (months from start date) |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

**Project background (450 words max)**

State the project hypothesis and the background supporting evidence, pilot data and potential impact on people currently living with Parkinson’s.

**Experimental plan (400 words max)**

Description of experimental plan, methodology and key goals.

**Research team (300 words max)**

Description of the research team and why they are ideally placed to carry out the work

**Preliminary research budget**

**Costs do not need to be signed off by the finance department but they are required to be within 10% of final budget if application proceeds to the next stage.**

In line with the Association of Medical Research Charities guidelines, Parkinson’s UK will only reimburse direct research costs for awarded grants as per the application submitted. The charity will not fund directly allocated or indirect costs.

* Allowable costs
* **Directly incurred costs** are costs that would only be incurred if the project were to go ahead. They include salaries for staff dedicated to the project (excluding the principal applicant and co-applicants), consumables, animals, equipment etc.
* Non-allowable costs
* **Directly allocated costs** are costs of resources used by a project that are shared by other activities and based on estimates (eg principal and co-applicant salary costs, estates costs).
* **Indirect costs** are non-specific costs charged by host institutions across all projects that are based on estimates (eg HR and finance services, library costs).

Inflation will not be paid in year one; inflation in years two and three is allowable up to 3%.

|  |
| --- |
| **Salaries and related costs** |
|  |  | **Year 1** | **Year 2** | **Year 3** |
| **Name** | **Post** | **Basic salary** | **NI & super- annuation** | **Basic salary** | **NI & super- annuation** | **Basic salary** | **NI & super- annuation** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Inflation [%]** |  |  |  |  |  |  |
| **Total costs** |  |  |  |  |  |  |

|  |
| --- |
| **Research expenses** |
| **Type** | **Item** | **Year 1** | **Year 2** | **Year 3** |
| Materials & consumables |  |  |  |  |
| Animals |  |  |  |  |
| Equipment |  |  |  |  |
| Other |  |  |  |  |
| **Inflation [%]** |  |  |  |
| **Total costs** |  |  |  |

|  |
| --- |
| **Equipment** |
| **Item** | **Year 1** | **Year 2** | **Year 3** |
|  |  |  |  |
|  |  |  |  |
| **Inflation [%]** |  |  |  |
| **Total costs** |  |  |  |

|  |
| --- |
| **Summary of costs** |
| **Item** | **Year 1** | **Year 2** | **Year 3** |
| **Salaries** |  |  |  |
| **NI and superannuation** |  |  |  |
| **Research expenses** |  |  |  |
| **Equipment** |  |  |  |
| **Subtotal** |  |  |  |
| **Inflation [%]** |  |  |  |
| **Total costs** |  |  |  |

**Declarations**

Have you submitted this proposal to another funding agency? YES / NO

If yes please indicate which organisation, the date of application and the outcome if known. If no decision has been reached, state when one is expected.

Has this, or a similar, proposal been submitted to Parkinson's UK previously? **YES / NO**

If yes please give the title, date of application and outcome.

By submitting this application you are declaring that:

* as principal applicant you will be actively engaged in the project and undertake responsibility for its conduct as detailed in this proposal and in accordance with the terms and conditions under which a grant is awarded
* all co-applicants have agreed to be actively engaged in the project as detailed in the proposal
* all collaborators are willing to co-operate with this project as indicated in the research proposal
* the Finance Officer at your institution has approved the financial details contained in this application
* the Head of Department/Clinical/Social Care Directorate (or similar) in which the project will be based has approved this application

If your application is successful you will be required to provide signatures to confirm the above from yourself, the Head of Department/Clinical/Social Care Directorate (or similar), Finance Officer, co-applicants and collaborators.

It is not necessary to submit a hard copy of your completed application.

**Please email your completed pre-proposal application to** **researchapplications@parkinsons.org.uk**

**Your pre-proposal application will be reviewed by the College of Experts.**

**If successful you will be invited to submit a full application. Full applications will be submitted via our** [**online application system.**](https://research.parkinsons.org.uk/)