**NIHR School for Social Care Research**

**Evidence Implementation Fund 2023: Proposal Form**

Please do not exceed **4 pages of A4**, excluding the references section. The font should be Trebuchet, size 11.

**Please submit your completed application at** <https://www.sscr.nihr.ac.uk/internal-proposals/evidence-implementation-fund-proposal-submission/>**.**

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| **Applicant details** | |
| Lead applicant |  |
| Organisation |  |
| Contact email |  |

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| --- | --- |
| **Academic partner details** | |
| Academic partner |  |
| Organisation |  |
| Contact email |  |

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| --- | --- |
| **Co-applicant details**  *Add further rows as needed* | |
| Co-applicant 1 name and organisation |  |
| Co-applicant 2 name and organisation |  |
| Co-applicant 3 name and organisation |  |
| Co-applicant 4 name and organisation |  |

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| **Proposal details** | |
| Title |  |
| Expected start date |  |
| Expected end date |  |
| Requested budget |  |

**PART 1: PROPOSAL SUMMARY**

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| **Background**  *Please explain the context to the proposed activity and why it is important.* |
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| **Evidence/Expertise from NIHR SSCR**  *Please set out what NIHR SSCR evidence and/or expertise your proposed activity will utilise and implement.* |
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| **Case for support**  *Please describe the activity, setting out: aims and objectives, methods and workplan, expected outcomes, timetable. Note any key ethical considerations.* |
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| **Public involvement**  *Please provide details of user, carer and practitioner involvement in planning the activity, including in the writing of the proposal, and future plans for involvement.* |
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| **Equality, diversity and inclusion**  *Please set out how you will address EDI considerations in your proposed activities.* |
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| **Expected impact to improve adult social care in England**  *Please provide an overview of the expected impact from your proposed activities.* |
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| **References** |
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**PART 2: RESOURCES**

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| **Total funding requested**  *Please provide a cost for your proposal and set out details of the resources requested* | |
| Total of salary costs | £ |
| Total of other costs | £ |
| Total overheads (if requested) | £ |
| **Total budget requested** | **£** |
| **Breakdown and justification of resources** | |
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**PART 3: DECLARATIONS**

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| **Declaration and signature by lead applicant** |
| I confirm that the information given on this form is complete and correct, that I shall be actively engaged in the proposal outlined and responsible for its overall management, and that this proposal has the support of all co-applicants and my organisation.  Signature:  Name:  Date: |

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| **Declaration and signature by academic partner lead** |
| I confirm that the information given on this form is complete and correct, that I shall be actively engaged in the proposal outlined.  Signature:  Name:  Date: |

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| --- |
| **Lead organisational authorised signatory** |
| I confirm that I have read the details of this proposal and that the lead institution is willing to accept this award if funding is approved and will support the applicant’s planned activities.  Signature:  Name:  Position:  Date: |