

*Application form*  
*IOPTP call*



**International Organisation of  
Physical Therapists in Paediatrics**

**RESEARCH FUNDING APPLICATION FORM**

A fully completed application form (in English and signed by the main applicant and administrative responsible person of institute) and a CV from the applicant should be received by the IOPTP - \_\_\_\_\_ (**DATE**) . Application forms should be submitted as a PDF file and sent to \_\_\_\_\_ (**email address**). **ADDITIONALLY**, a letter from the President/Chair of the applicant's IOPTP member organization must be submitted stating that the applicant is a member.

You will receive a confirmation of receipt. If not received within 6 working days after submission of the application, please contact a reminder to the above mentioned e-mail address.

Please read the information about this call and the Mission Statement of the IOPTP (<http://www.ioptp.wcpt.org>), before starting this application form.

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<b>1</b>	<b>Short project information</b>	
1.1	Main applicant (title, name, organisation)	
1.2	Title research project	
1.3	Theme(s), research question(s) and patient groups related to your research proposal	
1.4	Abstract research project ( <b>max. 500 words</b> )	
	<b>Background:</b>  <b>Research question:</b>  <b>Methods:</b> <i>Design</i> <i>Participants</i> <i>Measurements</i> <i>Analysis</i>	
1.5	How will the study results from this research project be transferred to and implemented in usual physical therapy practice in paediatrics? (max 100 words)	

<b>2</b>	<b>Project group and partnerships</b>	
2.1	Project group	
	Project employees <i>(specify the amount of hours/week and specific task in this project for each employee)</i>	
	Which disciplines are included in this project?	
2.2	Collaboration with other research groups for this project	
	Name of organisation Type of organisation Type of collaboration	
	Name of organisation Type of organisation Type of collaboration	
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	Name of organisation Type of organisation Type of collaboration	
2.3	Collaboration with health care settings in the context (e.g. physical therapy practice, hospital, rehabilitation center) for this project	

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	Name of organisation Type of organisation Type of collaboration	
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<b>3</b>		<b>Detailed project information (max. 2.000 words)</b>
3.1	Background and rationale	
3.2	Research question and aim of project	
3.3	Methods (participants and study design)	
3.4	Methods (data collection and analysis)	
3.5	Rigour, reliability, validity, credibility, transferability (including feasibility, power calculation and risk analysis if appropriate)	
3.6	Time schedule, including milestones	
3.7	Relevance of research project for patients, for society and for physical therapists	
3.8	Expected products ('deliverables') of research project and implementation and dissemination activities (other than publications and presentations) that will be executed within research project	
3.9	Involvement of possible users (e.g. patients, physical therapists, referring medical doctors) of your expected products during the preparation and execution phase of research project	
3.10	Short description of data handling, including information whether existing data will be (partly) used or new data will be collected, and information how data can be accessed by others after completion of the research project.	

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<b>4</b>	<b>Reference list</b>
4.1	References mentioned in the detailed project information ( <i>max. 20</i> )
4.2	References from own research/group ( <i>max. 10</i> )

<b>5</b>	<b>Ethical considerations</b>	
5.1	Which participants will be included in research project:	
	Healthy volunteers	<input type="checkbox"/> Yes. Number of participants: .....
		<input type="checkbox"/> No
	Patients	<input type="checkbox"/> Yes. Number of participants: .....
		<input type="checkbox"/> No
	Family members of children	<input type="checkbox"/> Yes. Number of participants: .....
		<input type="checkbox"/> No
	(Pediatric) physical therapists	<input type="checkbox"/> Yes, Number of participants:
		<input type="checkbox"/> No
	Nurses/doctors/ etc	<input type="checkbox"/> Yes, Number of participants:
		<input type="checkbox"/> No
5.2	Ethical approval needed	<input type="checkbox"/> Yes
		<input type="checkbox"/> No, because:....

<b>6</b>	<b>Preconditions</b>	
6.1	Planned start of research project ( <i>not later than.....</i> ):	
6.2	Number of months for reseach project (between 24 and 48 months): ...	
6.3	Main applicant declares that study results from this research project will be submitted to an international peer reviewed journal	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

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<b>7</b>	<b>Financial information</b>							
7.1	Total grant (max. .... excl. own contribution)						£ (sum of <sup>a</sup> )	
7.2	Total sum of own contribution ('in kind' / 'in cash', <b>IMPORTANT: there should be at least 10% own contribution as an addition to the total grant</b> )						£ (sum of <sup>b</sup> )	
7.3	Personnel costs							
	Position/function	FTE	Salary costs (£) (incl. holidays)	Number of months	Subtotal (£)	Overhead (max.40%)	Total (£)	Own contribution ('in kind' / 'in cash')( £)
	Total personnel costs						<sup>a</sup> £	<sup>b</sup> £
7.4	Material costs							
	Description/Rationale						Total (£)	Own contribution ('in kind' / 'in cash')( £)
	Total material costs						<sup>a</sup> £	<sup>b</sup> £

<b>8</b>	<b>Other grant applications / conflicts of interest</b>	
8.1	Did you submit a grant application for this (or a similar) research project to another organisation?	
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, submitted to organization:
8.2	Are there any (potential) conflicts of interest between the funding organisations/agencies?	
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, namely:

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9	Information about main applicant, financial administration of institute and signature	
9.1	Main applicant:	
	Academic title:	
	Function:	
	Institute:	
	Department:	
	Address:	
	Postal code and city and country:	
	Phone:	
	E-mail:	
9.2	Financial administration of research project	
	Name contact person:	
	Organisation:	
	Address:	
	Phone:	
	E-mail:	
9.3	Signature (IMPORTANT: signature of both main applicant and administratively responsible person are mandatory)	
	Main applicant	I declare to agree with the conditions of this application
	Administratively responsible person	I declare to agree with the conditions of this application