

***coCREATE* QR Participatory Research Programme (QRPR) 2024**

**Application Form**

*For information on the remit of this funding call, please consult the scheme guidance, available here. Completed application forms should be emailed to* *socialinclusion@keele.ac.uk* *by* ***15th April 2024.***

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| **Title of Proposed Project/Activity** |  |

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| **Co-Lead Partner Applicant details** |
| Name: |  |
| Role: |  |
| Organisation: |  |
| Email: |  |

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| **Co-Lead Keele Academic Collaborator/s details** |
| **Name:** | **Role:** |
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| **Please list any other applicants (e.g., Non-Keele Academics, other Organisations)** |
| **Name:** | **Role and organisation:** |
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| **Describe how your proposed project co-produces research with communities on their felt/lived experience of contemporary challenges, outlining why the project you propose should be a priority for your organisation and for Keele University (max 300 words)** |
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| **Case for Support****Please provide an overview of the planned project (max 750 words), ensuring that you:** * **Set out the aims of the project and proposed routes to delivering these aims**

**(*This could be, but not limited to, things like building further collaborative funding applications, generating data for publication and evidence for public reporting, delivering research impact, sharing experience of best practice etc*.)*** **Explain the project’s potential contribution to your organisation**
* **Justify the need for partnership with Keele, identifying mutual benefits of the partnership for both the applicant and academic collaborator(s)**
* **Identify the project’s potential outcomes or benefits for both your organisation and for Keele**
* **Note any ethical issues presented by the project plan, outlining how they will be approached**

***Please use the table in Appendix 1 to set out your planned activities and associated costs in more detail*** |

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| **Signatures***Lead applicants and academic collaborators should sign to confirm that they are happy with the proposed project. The Research Director of the Keele academic collaborator’s School should also sign to confirm that they have discussed the application.*  |
| Lead applicant signature: |  |
| Keele Academic collaborator signature/s: |  |
| Keele School Research Director signature:  |  |

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| **Approval: for office use only** |
| Date received:  |  | Approved: | ☐Yes ☐No |
| Total funded: | £ | Authorised by: |  |
| Signed: |  | Date: |  |

**Appendix 1: Planned activities and budget**

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| **Activity** *Provide a short description of planned activity.*  | **Key Tasks***Provide an overview of the key tasks involved in this activity and who will take responsibility for them.*  | **Timeframe** | **Cost Breakdown***Please provide as much detail as possible* | **Comments** |
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| **Total costs:** |  |  |