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**Application Form for Researchers seeking to engage with the Dementia Research Advisory Team**

Thank you for getting in touch to request PPI support for your research. This form is specifically for the purpose of facilitating engagement with our Dementia Research Advisory Team. This team is made up of people living with dementia and caregivers who wish to take part in research in a Person Public Involvement (PPI) Capacity. PPI does not provide data for individual studies; rather it is authentic involvement and partnership with the research team.

We require you to fill in an application form outlining your plans so we can review it and discuss it with the team members before they consider supporting your work.

In completing this form, I understand that:

* It does not guarantee support. There are many reasons we might not be in a position to help but, in that case, we will endeavour to explain our reasons and offer advice, as appropriate [ ]
* In the event that we are able to offer support, we will offer the opportunity to the Dementia Research Advisory Team members but cannot guarantee that there will be interest in the project[ ]

Please provide no more than a paragraph in response to each of the following, and **ensure that responses are written in plain language terms.**

* This formneeds to have enough information to help members of The Dementia Research Advisory Team decide if they want to be involved in the study.
* Please be mindful of people's experience and consideration of the words used.
* Wording should be respectful (avoiding research terminology or language that may be upsetting for the reader living with or supporting a person with the condition).

* Many people with dementia will find reading and understanding complex written information difficult.

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| **Name of Organisation** |
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| **Contact person’s name** | **Phone number** | **Email address** |
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| **Study Title** |
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| **Plain Language summary of research project (max 200 words)**  |
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| **How did you hear about the Dementia Research Advisory Team?** |
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| **What do you hope to achieve by involving PPI contributors in your research?** (*max 150 words*) |
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| **Tell us about your plans for PPI. You should include details on the phases of the research cycle in which you hope to involve PPI contributors and some of the methods or activities you are considering using to facilitate this involvement.** (*max 250* *words*) |
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| **How much time do you estimate will be required of PPI contributors and what is the timeframe involved? When do you plan on starting activities?** (*max 100* *words*) |
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| **Where will the activities take place?** *Please state the location* |
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| **Are there particular characteristics required in the people you wish to involve e.g. should they have a particular subtype of a condition, should they be people living with dementia or carers?** (*max 100* *words*) |
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| **How many members of the Dementia Research Advisory Team are you hoping to involve?** *(minimum 2 members, you should consider resources and budget when answering this question)* |
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| **How will you support PPI contributors to participate in your activities e.g. will training or role descriptions be provided,If necessary, what measures do you have in place to ensure sufficient accessibility for patients e.g. suitable reading materials, appropriate location access etc.** (*max 250* *words*) |
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| **Do you have resources to reimburse PPI Contributors for expenses when participating in the project (e.g. travel expenses)** |
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| **Do you have resources to remunerate the Dementia Research Advisory Team for their time and contributions?**  |
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| **Do you have any experience or training in PPI?**  |
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| **How will members of the Dementia Research Advisory Team be credited/acknowledged for their contributions to the research?** (max 150 words) |
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| **Are there any risks to members of the Dementia Research Advisory Team participating in the involvement activity? E.g. potential for distress. What procedures will you have in place to address these risks?**  |
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| **Will you have ethical approval in place? If yes from who? If not, why do you believe it is not necessary?**  |
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| **Will you need members of the Dementia Research Advisory Team to sign a non-disclosure agreement? *Yes or no*** |
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| **Industry applicants only****Do you abide by a code of practice for engaging with patient organisations? If yes, which one.** |
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Please submit this application for consideration by members of the Dementia Research Advisory Team to Laura O’ Philbin (laura.ophilbin@alzheimer.ie). We will get back to you as soon as possible, but please allow three weeks before hearing from us.

If you have any questions please contact Laura by phone (085 871 6533) or e-mail (laura.ophilbin@alzheimer.ie).