Please ensure this application form is completed **in full** before submission. Forms should be submitted via email to [valueofhealthinaplace@health.org.uk](mailto:valueofhealthinaplace@health.org.uk).Please include the programme title and principal investigator’s name in the subject heading.

Refer to the *Outline proposal application form guidance* document for more information about completing this application form.

Please complete this application form using **Arial or Times New Roman (at a minimum of size 11 font)**.

# Outline proposal application form

**Social and Economic Value of Health in a Place Research Programme**

June 2019

|  |
| --- |
| 1. Principal investigator   Please provide details of the principal investigator (PI) /lead applicant for the project. |
| * 1. Full name: |
|  |
| * 1. Email: |
|  |
| * 1. Job title: |
|  |

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| --- |
| 1. Lead organisation   Please provide details of the lead organisation, ie the institution that will be managing the funding. |
| * 1. Organisation name: |
|  |
| * 1. Address: |
|  |
| * 1. Postcode: |
|  |
| * 1. Website: |
|  |
| * 1. Type of organisation: |
|  |
| * 1. Country: |
| England  Northern Ireland  Scotland  Wales |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Project team   Please provide details of the project team. | | | |
| *Title* | ***Name*** | ***Position*** | ***Organisation*** |
|  |  |  |  |

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| 1. Collaborators and partner organisations   Please identify any collaborators or partner organisations you will be working with on the project (max. 300 words). |
|  |

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| --- | --- | --- |
| 1. Duration of the project and funding requested | | |
| * 1. Total amount requested (£): | | |
|  | | |
| * 1. Proposed dates and duration: | | |
| Proposed start date: | Month: | Year: |
|  |  |
| Proposed end date: | Month: | Year: |
|  |  |
| Total duration (months): |  | |
| * 1. Have you previously approached the Health Foundation or any other organisations to fund this research proposal or any significant component of it? | | |
| Yes  No | | |
| If yes, please provide further details: | | |
|  | | |

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| 1. About your research proposal |
| * 1. Project title   Please provide a short title for the proposal (max. 20 words): |
|  |
| * 1. Plain English summary   Please provide a summary of the proposed research written in language accessible to a non-expert audience (max. 300 words): |
|  |
| * 1. Priority area   Please indicate the priority area to which your research relates: |
|  |
| * 1. Proposal keywords   Please add up to five keywords that relate to your proposal (one keyword is mandatory): |
| Keyword 1:  Keyword 2:  Keyword 3:  Keyword 4:  Keyword 5: |
| * 1. Rationale   Please provide the case for the importance of the project, including the gaps in knowledge and the question(s) your research is seeking to address (max. 350 words): |
|  |
| * 1. Stakeholders, dissemination and impact   Briefly identify the key stakeholders for this project and explain how the findings will be used to improve health and/or care in the UK (max. 300 words): |
|  |
| * 1. Project design   Please outline your proposed programme of research (max. 2,500 words). Please provide details under each of the following headings:   * Context/background * Aims and objectives * Research questions/areas of work * Specifics of your method/approach * Patient/public engagement * Plans for disseminating the outputs/findings of this research |
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| 1. Declaration   Privacy notice  In order to process your application, the Health Foundation needs to collect and process your personal information.  The Health Foundation is the Data Controller (as defined by the Data Protection Act 2018, the General Data Protection Regulation, and all applicable laws which replace or amend it) who will collect and process your personal data.  Please refer to our Privacy Notice for full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data. Our Privacy Notice is available on our website at [www.health.org.uk/privacy-policy-and-cookies](http://www.health.org.uk/privacy-policy-and-cookies). If you do not have access to the internet, please write to the Health Foundation Data Protection Officer (DPO) at the address listed below with your address and a copy will be sent to you in the post.  In summary, we will collect and process your information to assess your application.  The information we collect will be: your name, job title, organisation name and contact details such as email address.  Processing requires your application information and personal details to be shared with third parties including assessors, website editors and copywriters, partner organisations and service providers.  We will ensure that all parties we share your data with keep your information secure and do not use it for any other purposes than those which we have specified in the Privacy Notice.  We will share your information if we are required to by law.  We will retain this data for as long as is necessary for the relevant activity. We may keep some of your data indefinitely.  If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice, please contact:  The Health Foundation Data Protection Officer (DPO)  The Health Foundation  90 Long Acre  London  WC2E 9RA  By submitting your completed application, you give permission for details of this application and contact information to be shared on the Health Foundation website (following your approval of the copy) should you be successful in your application.  If you would like to subscribe to the monthly Health Foundation newsletter, please [click here](http://www.health.org.uk/newsletter). |
| * 1. Declaration |
| Name: |
|  |
| Date: |
|  |
| Declaration of applicant: |
| MAIN\_ELEMENT\_TD SPAN: WIDTH:ELEMENT BEGIN Section=10 Question ID=11965 presentation\_type=checkbox abstract\_data\_type=choicecheckbox belowBEGIN I confirm that I have read and understood the above privacy notice.ENDELEMENT END page\_no=10 Question ID=11965MAIN\_ELEMENT\_TD\_END |
| MAIN\_ELEMENT\_TD SPAN: WIDTH:ELEMENT BEGIN Section=10 Question ID=11967 presentation\_type=checkbox abstract\_data\_type=choicecheckbox belowBEGINI confirm that the organisation named in this proposal has given me authority to submit this application on its behalf. I confirm that the information I have supplied is, to the best of my belief, correct.ENDELEMENT END page\_no=10 Question ID=11967MAIN\_ELEMENT\_TD\_END |

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| 1. Feedback and marketing information |
| * 1. This outline proposal form is a new approach for the Health Foundation's open award programmes. Are you happy to be contacted to give feedback on the questions and guidance? |
| Yes  No |
| * 1. Tell us how you first heard about this programme: |
|  |