# 

**NIHR Three Research Schools’ Mental Health Programme**

**Improving mental health and wellbeing in underserved populations through collaborative research**

**Impact Accelerator Award**

**for award holders from Phases I and II**

**APPLICATION FORM**

Please ensure you have read the Research Brief and Guidance notes before completing this form.

Please email your final documents as detailed below to [c.ashmore@keele.ac.uk](mailto:c.ashmore@keele.ac.uk) by **Thursday** **17 April 2025 no later than 12.30pm**.

Please state ‘Impact Accelerator’ in the subject line and your documents as:

* SURNAME\_Impact Accelerator\_Application *(this must be submitted as a Word document)*
* SURNAME\_Impact Accelerator\_Gantt
* SURNAME\_Impact Accelerator\_Costings

The Gantt chart should provide timelines for the completion of work, including the timing of key milestones and deliverables. If there are several projects or work streams within the application, please specify these within the Gantt chart. You are welcome to use any visualisation software or template that works for your project, but it should be submitted as a PDF or Excel document.

If you have any questions, please email Claire Ashmore, Programme Manager, Three NIHR Research Schools’ Mental Health Programme [c.ashmore@keele.ac.uk](mailto:c.ashmore@keele.ac.uk)

**PART 1: APPLICATION SUMMARY**

|  |  |
| --- | --- |
| **Lead applicant’s details** | |
| Name |  |
| Current post(s) held |  |
| Employer Organisation |  |
| Contact email |  |
| ORCID |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Activity Code** | | | |
| Underpinning research | ☐ | Development of treatments and therapeutic intervention | ☐ |
| Aetiology | ☐ | Education of treatments not therapeutic interventions | ☐ |
| Prevention of disease and conditions, and promotion of well-being | ☐ | Management of diseases and conditions | ☐ |
| Detection, screening and diagnosis | ☐ | Health and social care services research | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Background** | | | |
| Allied health professional | ☐ | Nurse | ☐ |
| Other registered health or care professional | ☐ | Midwife | ☐ |
| Not a registered health or care professional | ☐ | Dentist | ☐ |
| Medically qualified | ☐ | Social work | ☐ |

|  |  |
| --- | --- |
| **Proposal details** | |
| Project title |  |
| Expected start date |  |
| Duration (months) |  |
| Requested budget |  |
| Five key words |  |
| Name of the Mental Health Programme award you hold/held *(e.g. commissioned research, career development award, fellowship, etc)* |  |

|  |
| --- |
| **Plain English Summary**  *Please summarise your research proposal for a lay audience in no more than 450 words.* |
|  |

**PART 2: APPLICANT TEAM**

|  |  |
| --- | --- |
| **Collaboration details**  *Please provide below details for each co-applicant. (add more boxes as required)* | |
| **Name** |  |
| **Position** |  |
| **Employer Organisation** |  |
| **Contact email** |  |
| **ORCID** |  |
| **NIHR School base (if relevant)** |  |
| **FTE contribution** |  |
| **Roles and responsibilities of team member** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Employer Organisation** |  |
| **Contact email** |  |
| **ORCID** |  |
| **NIHR School base (if relevant)** |  |
| **FTE contribution** |  |
| **Roles and responsibilities of team member** |  |

|  |  |
| --- | --- |
| **NIHR Research Schools**  *Please provide below details for each School Member that is involved in the research. Must be at* ***least two*** *NIHR Research Schools, one who must be project lead.* | |
|  | **Name of Member School(s) involved** |
| [NIHR School for Primary Care Research](https://www.spcr.nihr.ac.uk/about-us) |  |
| [NIHR School for Public Health Research](https://sphr.nihr.ac.uk/) |  |
| [NIHR School for Social Care Research](https://www.sscr.nihr.ac.uk) |  |

|  |
| --- |
| **Details of public co-applicant or collaborator**  *Only share e-mail addresses of public co-applicants or collaborators if they have access to a university / professional email account. (add more boxes as required)* |

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Professional Background** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Professional Background** |  |

**PART 3: DESCRIPTION OF PROPOSED PROJECT**

Please do not exceed 4 **pages of A4 for Part 3 including** references which must be included below as part of the application form, and not submitted separately. Allowance will be made of up to half a page of A4 for space used by the instructions within this form.

|  |
| --- |
| **Details of proposed research**  *Your description should include:*   * In broad terms, what was the **plan** for dissemination, impact and communication in your Phase I/II award? * How do you expect this award to support or expand those plans? * What are the likely impacts on policy/and or practice from your Phase I/II award and how are these progressing, if relevant? * Describe the involvement of patients/public/practitioners/people with lived experience/carers in supporting the proposed dissemination, impact and communication activities. |
|  |
| **Equality, diversity and inclusion**  *Please set out how you will address EDI considerations in your proposed activities.* |
|  |
| **Plan for pathways to impact and knowledge exchange activities**  *Please set out your plan to support impact from the research.* |
|  |

**PART 4: RESOURCES**

Please complete the accompanying financial resources form and include a summary below.

The total requested should be appropriate to the research design and reflect good value for money.

You should describe any financial contributions to be made through host institutions, project partners or others to support the research for which funds under this programme are sought.

***If your Phase I/II award is still on-going, you must ensure that there is no double costing of items (i.e. including the salary costs on this application that are funded through your main award).***

|  |  |
| --- | --- |
| **Total funding requested** | |
| Salary costs |  |
| Non-staff costs |  |
| Overheads |  |
| **Total** |  |
| **Justification**  *Please provide a justification for the resources requested which should include how each item was calculated with full justification provided* | |
|  | |
| **Value for money**  *Please describe how the proposal offers value for money in no more than 450 words* | |
|  | |

**PART 5: DECLARATIONS**

|  |
| --- |
| **Lead applicant**  *I confirm that the information given on this form is complete and correct, that all co-applicants on this form have seen a copy of this application, and that I shall be actively engaged in the work of this project and responsible for its overall management.* |
| Signature:  Name:  Date: |
| **Host Three Schools Institution Lead**  *I confirm that I have read and support the details of this application on behalf of the Three Schools.* |
| Signature:  Name:  Position and Institution:  Date: |
| **Finance authority**  *I confirm that I have checked the financial details of this application, and that this institution is prepared to carry out the work outlined at the stated costs and to administer the award if successful. I confirm that the staff gradings and salaries quoted in this application are in accordance with the practice and scales applying in this Institution/Organisation.* |
| Signature:  Name:  Position and Institution:  Date: |