

**Wetenschappelijk College Fysiotherapie (WCF)**

**APPLICATION FORM**

**WCF Call 2020-2021 – Zinnige en Zuinige zorg**

A fully completed application form (in English and signed by the main applicant and administrative responsible person of institute) should be received by the WCF **no later than December 11th 2020, 12.00 p.m. (noon)**.Application forms should be submitted as one PDF file and send to [WCF@kngf.nl](mailto:WCF@kngf.nl).

You will always receive a confirmation of receipt. If not received within 6 working days after submission of the application, please contact us via [WCF@kngf.nl](mailto:WCF@kngf.nl).

Please read the information about this call and the Research Agenda Physical Therapy ([www.kngf.nl/onderzoeksagenda](http://www.kngf.nl/onderzoeksagenda)), before starting this application form.

Use a 11-point font size; Calibri and current margins: 2,5 cm on each side.

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| **1** | **Short project information** |
| 1.1 | Main applicant (academic title, name, organisation) |
|  |
|  | Please note: |
|
| * Main applicants must have a degree in physical therapy and a PhD-degree. * Main applicants who are still completing their PhD research may only submit an application if the Thesis Committee approves the manuscript (by a manuscript approval form) before the deadline of submission of applications. |
| 1.2 | Title research project |
|  |
| 1.3 | Research question(s) of the research agenda related to your research proposal (tick the box(es)) |
| Theme A ‘Zinnige en zuinige zorg’  Research question(s):  ☐ 3  ☐ 4  ☐ 5 |
| 1.4 | Abstract research project **(max. 250 words)** |
| Background:  Research question:  Methods:  Expected results:  Relevance for patients, society, physical therapy: |
| 1.5 | How will the study results from this research project be transferred to and implemented in daily physical therapy practice, and in which KNGF-guidelines or other evidence based products can study results from this research project be incorporated? |
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| **2** | **Project group and partnerships** | |
| 2.1 | **Main applicant** | *Academic title, Name* |
| *Institute* |  |
| *Department* |  |
| *Address* |  |
| *Zipcode / City* |  |
| *Phone* |  |
| *E-mail address* |  |
| **Co-applicants** | *Academic title, Name* |
| *Institute* |  |
| *Department* |  |
| **Project leader / secretary** | *Academic title, Name* |
| *Institute* |  |
| *Department* |  |
| **Other project members**  *(Institute; role in project)* |  |
| **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 |  |
| Name of organisation  Type of organisation  Type of collaboration |  |
| 2.3 | Collaboration with health care settings (e.g. physical therapy practice, hospital, rehabilitation center) for this project | |
| Name of organisation  Type of organisation  Type of collaboration |  |
| Name of organisation  Type of organisation  Type of collaboration |  |
| Name of organisation  Type of organisation  Type of collaboration |  |

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| **3** | **Detailed project information (max. 2.000 words)** |
| 3.1 | Background and rationale |
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| 3.2 | Research question and aim of project |
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| 3.3 | Methods (participants and study design) |
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| 3.4 | Methods (statistical analysis) |
|  |
| 3.5 | Feasibility, including power calculation and risk analysis |
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| 3.6 | Time schedule, including milestones |
|  |
| 3.7 | Relevance of research project for patients, for society and for physical therapists |
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| 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 |
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| 3.9 | Involvement of possible users (e.g. patients, physical therapists, referring medical docters) of your expected products during the preparation and execution phase of research project |
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| 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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| **4** | **Reference list** |
| 4.1 | References mentioned in the detailed project information *(max. 20)* |
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| 4.2 | Relevant references from own research group *(max. 10)* |
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| **5** | **Medical-ethical aspects** | | |
| 5.1 | Which participants will be included in research project: | | |
|  | Healthy volunteers |  | Yes. Number of participants: …… |
|  | No |
|  | Patients |  | Yes. Number of participants: …… |
|  | No |
| 5.2 | METC approval needed |  | Yes |
|  |  | No, because:…. |

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| **6** | **Preconditions** | | |
| 6.1 | Planned start of research project *(not later than September 15th 2021):* | | |
| 6.2 | Amount of months for total reseach project (max. 48 months): … | | |
| 6.3 | Main applicant declares that study results from this research project will be published in open access or open choice journals |  | Yes |
|  | No |
| 6.4 | Main applicant declares that full research protocol will be uploaded in suitable registry, before start of research project |  | Yes |
|  | No |
| 6.5 | Main applicant declares that dataset and syntaxes will be uploaded in the same registry, at end of research project |  | Yes |
|  | No |

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| **7** | **Financial information** | | | | | | | |
| 7.1 | Total grant *(max. € 168.750,- excl. own contribution)* | | | | | | €  (sum of a) | |
| 7.2 | Total sum of own contribution *(‘in kind’/ ‘in cash’, IMPORTANT: there should be at least 10% own contribution as an addition to the total grant)* | | | | | | €  (sum of b) | |
| 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’)(€) |
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| Total personnel costs | | | | | | a € | b € |
| Motivation: | | | | | | | |
| 7.4 | Material costs | | | | | | | |
| Description | | | | | | Total (€) | Own contribution (‘in kind’/  ‘in cash’)(€) |
|  | | | | | |  |  |
|  | | | | | |  |  |
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| Totaal material costs | | | | | | a € | b € |
| Motivation: | | | | | | | |
| 7.5 | Implementation costs *(IMPORTANT: this should be at least 5% of total grant)* | | | | | | | |
| Description | | | | | | Total (€) | Own contribution (‘in kind’/  ‘in cash’)(€) |
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| Total implementation costs | | | | | | a € | b € |
| Motivation: | | | | | | | |

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| **8** | **Other grant applications / conflicts of interest** | |
| 8.1 | Did you submit a grant application for this (or a similar) research project to another organisation? | |
|  |  | No |
|  | Yes, submitted to organization: |
| 8.2 | Are there any (potential) conflicts of interest? | |
|  | No |
|  | Yes, namely: |

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| **9** | **Information about main applicant, financial adminstration of institute and signature** | |
| 9.1 | Main applicant: | |
| Academic title: | |
| Function: | |
| Institute: | |
| Department: | |
| Address: | |
| Postal code and city: | |
| 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  *(Name, date, signature)* | I declare to agree with the conditions of this application |