



Expression of Interest User Guide

Welcome to a step-by-step guide to help you navigate the Expression of Interest submission process for The MPS Foundation.

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MPS Foundation Grant Programme Expression of Interest

Applicants are advised to read The MPS Foundation Application Guide and the guidance on making a good application. Expressions of Interest will only be accepted through The MPS Foundation Grant Portal, any other method of application will not be reviewed nor considered for funding.

Expressions of Interest will be reviewed internally by MPS Foundation and those that best meet The MPS Foundation's strategic priorities and focus will be invited to submit a full application. Deadline for submission is 1700 BST on Friday 2nd May 2025.

Which Scheme are you applying for? Please select one:

- Scheme 1 Project Length: 3 - 24 Months. Maximum Budget £60,000 or equivalent in local currency
- Scheme 2 Project Length: 12 - 36 Months. Maximum Budget £200,000 or equivalent in local currency

Select the option you are applying for

Section 1 - Applicant Information

Please provide details of the main point of contact for you application. This does not have to be the Principal Researcher/Investigator. This information will be used to contact you throughout the application process.

Named Contact

Please provide the name and contact details for the main point of contact for your application.

Wherever possible please do not include personal email addresses and contact numbers. When entering a telephone number only include numbers and not spaces or symbols.

Title

Full Name

Role

Email Address

Phone Number

Name of Organisation

Address Information

Address

Address Line 2 (optional)

Town

County/Region (if applicable)

Postal/Area/Zip Code

Country

Type of Organisation

Please select the most appropriate description for your organisation.

Select from the drop down list

You have reached the end of the first stage. Save your progress or click on next to progress.

The MPS Foundation Grant Programme - 2024 Expression of Interest



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Section 2 - Project Summary

Below are a series of questions about your proposed project that members of the Research Committee will review to assess whether they would like to request a Full Application from you.

Project Title:

Please provide the title of your proposal in less than 75 words

Text field

You have used 0. This value must be between 1 and 75 words.

Project Summary

Please provide a synopsis of your project suitable for non-professionals (Up to 250 words for each section).

Why is the project important? (Maximum 250 words)

Text field

Who will be the target population for the project? (Maximum 250 words)

Text field

Why is the project original and innovative? (Maximum 250 words)

Text field

How do you intend to conduct the project? (Maximum 250 words)

Text field

What are the anticipated results and impact of the research? (Maximum 250 words)

Text field

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You have reached the end of the second stage. Save your progress or click on next to progress.

The MPS Foundation Grant Programme - 2024 Expression of Interest



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Section 2 Continued: Project Summary

Section 2 Continued: Project Summary

Please describe how your Project aligns with The MPS Foundation's goals? Maximum 250 Words

MPS Foundation's Goals are to support research that makes a meaningful contribution to our world by:

- reducing risks for patients and healthcare professionals and teams across the world
- improving wellbeing for medical and dental professionals
- contributing to the body of knowledge that supports the improvement of patient care, safety and outcomes.
- informing, generating and increasing knowledge and understanding that informs and further develops expertise in risk reduction and management
- supporting research that establishes 'what works' and can be translated into workplaces globally.

Text field

Which of The MPS Foundation's Research Priorities does your application relate to?

Please select all that apply:

- Impact of human factors
- Impact of processes and delivery models
- Clinician Wellbeing
- Digital integration and technology
- Evaluation of the effectiveness of teaching and learning innovations

Where will be the main focus of your study?

Please indicate the type of setting in which your research will be based

Which country (ies) will be the focus of your research?

Please select all that apply:

Select from the drop down list

(Please note the majority of research must be conducted within MPS jurisdictions)

- Caribbean Islands (Please indicate which one(s))
- Bermuda
- South Africa
- Malaysia
- Singapore
- Hong Kong
- Australia
- New Zealand
- Ireland
- United Kingdom
- Other (Please specify)

Click on the countries and/or type other if needed

Select an option

- Yes
- No

If your proposal is similar to that of other projects in other countries would you be willing for The MPS Foundation to broker a collective arrangement with another project?

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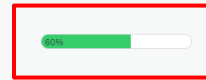
NEXT

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Section 3 - Principal Researcher Details

Please complete section below

Select an option

Are the Principal Researcher's details the same as the lead contact who registered the Expression of Interest

- Yes
- No

Clear

These fields should be auto populated from your Registration if you select Yes above.

Principal Researcher

Title

Full Name

Role

Email Address

Phone Number

Principal Researcher Information

Text fields

Total Time to be spent on the project (Hours/Weeks)

Other Research/Project/Work Commitments

Select an option

Would you like to add another Principal Researcher ?

- Yes
- No

Clear

If you select Yes you will need to complete additional details

Second Principal Researcher

Title

First Name

Family Name

Role

Email Address

Phone Number

Second Principal Researcher Information

Total Time to be spent on the project (Hours/Weeks)

Other Research/Project/Work Commitments

Please attach Principal Researcher(s)'s CV(s)

Please provide details of relevant experience and qualifications, particularly focusing on the most recent and the last ten years. Please include details of your research experience.

Minimum: 1 Maximum: 3

Upload a file

Upload file here

Names and roles of other key personnel involved in the project

If you intend to have additional project team members and have identified who they will be, please list them here.

Text field

You have reached the end of the forth stage. Save your progress or click on next to progress.

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Section 4

Please complete the questions below

Proposed Project Start Date?

Please provide an indication of when you would like to start the project if you are successful. No project can commence prior to ethical approval being granted (where necessary), final approval and signed agreement from The MPS Foundation.

Date field

Proposed Project Duration

Please provide an estimate of the duration of your project in months.

Please only use whole numbers to indicate the number of months in the box below. For example, if your project will last for 1.5 years please insert 18 in the box below.

Months:

Whole numbers only

Proposed Project Budget

Please indicate how much you are requesting The MPS Foundation to provide as a Grant to support your research. A full budget breakdown will be requested if your project is selected to progress to full application.

Currency

Select from the drop down list

Please indicate an estimated total sum. So for example, if you estimate your project will cost £45,500.60 you should enter 45501.

Amount (whole numbers):

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Section 6

Please complete the questions below.

Are you or anyone involved in the project an MPS Member?

You do not have to be an MPS Member to receive funding from The MPS Foundation.

Yes No ← Please choose

Marketing and Communication

I would like to be contacted in the future about The MPS Foundation, its programmes and competitions.

I agree I do not agree ← Please choose

Where did you hear about the MPS Foundation?

Please tell us where you first heard about The MPS Foundation and our Grant Programme

From a colleague ▼ ← Select from the drop down list

Expression of Interest Submission

- All the information provided in the Expression of Interest is to the best of my knowledge, accurate and complete.
- I confirm that I am making this application on behalf of my organisation and I have the support of my organisation to undertake this work.
- I agree to The MPS Foundation Terms and Conditions as laid out in the Application Guide and The MPS Foundation Grant Recipient's Code of Conduct.

Yes

Thank you for completing your Expression of Interest. Please sign using your mouse and press **Mark as Complete** at the bottom of the page. You still have opportunities to review and edit your application prior to the closing date.

Please ensure you press **Submit** at the top of the page once you are happy with your application. Failure to do so before the closing date will mean that your Expression of Interest will not be considered by the Research Committee.

Signed

Please note that you will not be able to amend your application once you have pressed submit. Please ensure you review your application before submitting.



Clear

Date

10 Jan 2025 @ 09:52 am

Check the date and time

PREVIOUS SAVE & CONTINUE EDITING MARK AS COMPLETE

Sign in this box. Clear if needed

Return to the previous page, save your progress or click on Mark As Complete when you are ready to submit your completed Expression Of Interest.