THE MPS (CO) FOUNDATION

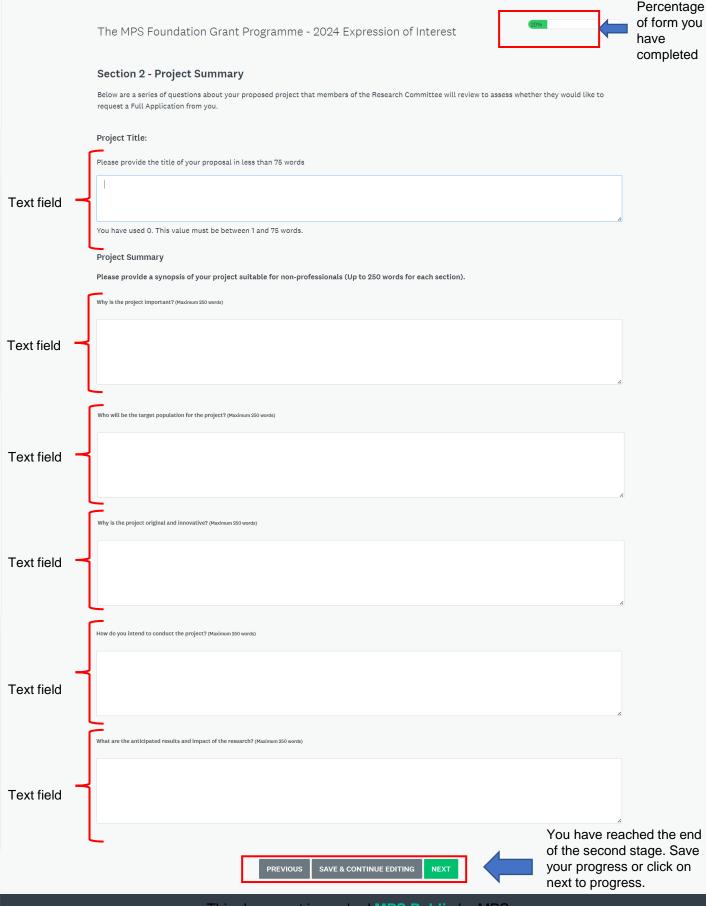
Expression of Interest User Guide

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



	The MPS Foundation Gr	ant Programme - 2024 Expression c	of Interest	os Percentag of form yo have completer	Su
	MPS Foundation Grant Programm	ne Expression of Interest			
		he MPS Foundation Application Guide and the gui ough The MPS Foundation Grant Portal, any othe			
		viewed internally by MPS Foundation and those tl it a full application. Deadline for submission is 17			
	Which Scheme are you applying	for? Please select one:		Coloct the option	
	O Scheme 1 Project Length: 3 - 24 M	onths. Maximum Budget £60,000 or equivalent in local curren	cy	Select the option you are applying	
	O Scheme 2 Project Length: 12 - 36 N	Ionths. Maximum Budget £200,000 or equivalent in local curre	ency	for	
Ĺ	Name of Organisation				
These fields	Address Information				
should be auto populated from	Address				
your Registration.	Address Line 2 (optional)				
Registration.	Town				
	County/Region (if applicable)				
	Postal/Area/Zip Code				
	Country				
	Type of Organisation				
	Please select the most appropriate o	lescription for your organisation.		from the own list	
	Other (Please Specify) ~	all all and the set	ulop u	own iist	
	Other: please describe your orga	nisational type			
ſ	_				
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Percentage of form you have completed

Section	2	Continued:	Pro	ject	Sum	mary
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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					
Click on the	Impact of processes and delivery models					
priorities 🦰	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					
	Select from the					
	Which country (ies) will be the focus of your research?					
	Please select all that apply:					
	(Please note the majority of research must be conducted within MPS jurisdictions)					
	Caribbean Islands (Please indicate which one(s))					
	Bermuda					
	South Africa					
Click on the	🗆 Malaysia					
counties	Singapore					
and/or type	Hong Kong					
other if	🗌 Australia					
needed	New Zealand					
	Ireland					
	United Kingdom					
	Other (Please specify)					



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



	The			Percentage of form you
	Ine	MPS Foundation Grant Programme - 2024 Expression of Interest		have completed
	Sec	tion 3 - Principal Researcher Details		completed
	Please	e complete section below		
Salaat an	_	he Principal Researcher's details the same as the lead contact who registered the Expression of Interest		
Select an option		Yes		
option	Clear			
	Princ	ipal Researcher		
These fields	Title		li l	
should be auto	Full N	ame		
populated from your	Role			
Registration if	Email	Address		
you select Yes above.	Phone	Number		
	Princ	ipal Researcher Information		
Text fields	Total ⁻	Time to be spent on the project (Hours/Weeks)		
l ext neide	Other	Research/Project/Work Commitments		
	Would	d you like to add another Principal Researcher ?		
Select an	_	Yes		
option	0	No		
	Clear			
	Secor	nd Principal Researcher		
	Title			
	First N	Name		
	Family	y Name	le le	
If you select	Role			
Yes you will need to	Email	Address		
complete additional	Phone	Number	4	
details	Seco	nd Principal Researcher Information		
	Total	Time to be spent on the project (Hours/Weeks)		
	Other	Research/Project/Work Commitments		
	Pleas	se attach Principal Researcher(s)'s CV(s)		
		e artach Principal Researcher(s) s CV(s) e provide details of relevant experience and qualifications, particularly focusing on the most recent and the last ten years. Please include c	letails of	
	_	esearch experience.		
		Upload a file	Upload	file here
			-	
	Name	es and roles of other key personnel involved in the project		
	If you	intent to have additional project team members and have identified who they will be, please list them here.		
Text field				
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	The MPS Foundation Grant Programme - 2024 Expression of Interest	Percentage of form you have completed
	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 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.	
C	Select from the drop down list	
Numeric field -	Amount (whole numbers):	
	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.	
Tick that you	☑ 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.	
		this box. f needed
	Ctear	
	Date	
Check the date	30 Oct 2023	
	PREVIOUS SAVE & CONTINUE EDITING MARK AS COMPLETE	
	POWERED BY Copyright & SurveyMonkey Privacy Terms	

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.