

**Patient and Public Involvement (PPI) Application**   
(For completion by anyone wishing to undertake a PPI project)

Please refer to the PPI toolkit which you can find on the Intranet at <http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiapplicationform/home.asp>

If you need help in completing this form, please contact PALS on extension 2960. Please complete this form electronically as it will need to be e-mailed to the PPIG group for approval.

The PPIG are a multiprofessional team with expertise in patient involvement and questionnaire design. Your application will be sent to them for approval and they may make suggested changes to improve your project or questionnaire design. We aim to get you their feedback 10 days after you submit this application.

Any questionnaire you intend to use with patients must be emailed along with this application.

Once your project has been completed we will ask you to let us have a brief summary of your results. This will be uploaded to the PPI Projects page on the Intranet.

**Name of Project**

|  |
| --- |
|  |

**Project Lead and people involved:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Bleep** | **Ext/Tel** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**1. Why are you undertaking this project?**

|  |
| --- |
|  |

1. **Who are you collecting data from?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Public ☐ | Patients ☐ | Staff ☐ |  |  |

1. **How will you collect the data?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Survey ☐ | Questionnaire ☐ | Focus Group ☐ | Patient Story ☐ | Shadowing ☐ |

Other, please specify:

1. **Do you intend to use any of the following equipment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Video ☐ | Audio ☐ | Photographic | ☐ None ☐ |  |

**Some guidance**

* Patients/public must be asked to give their consent to participate in this project with the understanding that their future care will not be compromised should they choose not to take part. It’s a good idea to include a suitable statement on any paperwork.
* Security measures must be in place to safely store the information you are collecting? (Please refer to the Information Risk and Security policy)

**What is the proposed end date of your project?**

Month ………………… Year …………..

**Your manager must approve your application:**

Managers Name: ………………........................

Job Title: …………………………………………

Signature: …………………………………………….. Date: …………………

**Please e-mail this form any papers relating to your project such as questionnaires and covering letters to** [**sft.ppig@nhs.net**](mailto:sft.ppig@nhs.net)