

IMPORTANT INFORMATION

Please see below the content you will need to provide for each of our open application windows while our portal has been taken down for an upgrade. We have provided these headings to allow you to compile your answers for your application submissions and not lose time while the portal is closed. You will find information on the following awards:

- Courses
- Design Your Own Learning
- Master's
- Doctoral
- Annual Research Call
- Innovation Award
- Funding for Early Career Researchers "Pump Primer"

Please note: To submit one of these applications to us, you will need to upload this information to our portal when it re-opens. We will **NOT** accept submissions outside of the portal, e.g. no Word Documents, PDFs, email submissions, etc.

The **exception to this is our Conference award**, which can be submitted via email until the application deadline (31st March 2025). <https://elizabethcasson.org.uk/funding/conferences/>

If information is not provided here, that means it is not currently open.

- If you would like more information on our funding windows, please see here: <https://elizabethcasson.org.uk/funding/#keyDates>
- If you would like more information about our portal upgrade, please see here: <https://elizabethcasson.org.uk/about-us/news-announcements/exciting-portal-changes-afoot/>
- If you have any questions about our portal, please contact us at portal@elizabethcasson.org.uk.
- If you have any questions about applications, please contact us at secretary@elizabethcasson.org.uk.

Conference

Please submit via email until the deadline 31st March 2025. More information can be found here: <https://elizabethcasson.org.uk/funding/conferences/>

Courses

CONTACT INFORMATION

Title

First Name

Last Name

Funding Stream Information:
For applications open whilst portal is closed

Previous Name (if any)

Email

Phone

EMPLOYMENT INFORMATION

Job Title

Self-employed (Y or N)

Employer Name

Service

Service Locality

HEALTHCARE REGISTRATION DETAILS

Are you a UK applicant? (Y/N)

HCPC Number (UK applicants)

CURRENCY

PREVIOUS ECT FUNDING

Have you applied for an Elizabeth Casson trust grant previously? (Y/N)

Did you submit feedback on your learning experience? (Y/N)

DETAILS FOR CURRENT APPLICATION

Date of Event

Location

Name of Event/Module Supplier

Event/Module Web Link

DETAILS OF FULL FINANCIAL COST REQUIRED FOR PARTICIPATION IN THIS CPD EVENT

Course/event registration fees

Additional costs (This should include any travel, loss of earnings, etc)

**Funding Stream Information:
For applications open whilst portal is closed**

Total cost of the CPD opportunity (This amount should be the total of course / event fees and additional costs)

Personal contribution (Funds you are contributing to your CPD)

Amount requested from the Elizabeth Casson Trust (This should be the difference between total cost and personal contribution UNLESS you have an additional funding source)

OTHER FUNDING APPLICATION REQUESTS

Have you applied for funding for this CPD opportunity with any other agencies or organisations before? (Y/N)

QUESTIONS

In what way does your CPD request reflect the strategy of the ECT? (150 words MINIMUM)

What difference will the learning opportunity make to you in your professional development as an occupational therapist? (200 words MINIMUM)

What difference will the learning opportunity make to the occupational focus of your service and / or service development? (150 words MINIMUM)

How will this learning opportunity impact your service users' occupational needs? (200 words MINIMUM)

How will you disseminate your learning to colleagues / service stakeholders? (150 words MINIMUM)

Additional information to support your application (OPTIONAL)

UPLOADS:

- Support Letter from your line manager/ mentor or academic supervisor
- CV

Funding Stream Information:
For applications open whilst portal is closed

Design your own learning

CONTACT INFORMATION

Title

First Name

Last Name

Previous Name (if any)

Email

Phone

EMPLOYMENT INFORMATION

Job Title

Self-employed (Y or N)

Employer Name

Service

Service Locality

HEALTHCARE REGISTRATION DETAILS

Are you a UK applicant? (Y/N)

HCPC Number (UK applicants)

PREVIOUS ECT FUNDING

Have you applied for an Elizabeth Casson trust grant previously? (Y/N)

Did you submit feedback on your learning experience? (Y/N)

DETAILS FOR CURRENT APPLICATION

Date of Event

Location

Name of Event/Module Supplier

Event/Module Web Link

DETAILS OF FULL FINANCIAL COST REQUIRED FOR PARTICIPATION IN THIS CPD EVENT

**Funding Stream Information:
For applications open whilst portal is closed**

Course/event registration fees

Additional costs (This should include any travel, loss of earnings, etc)

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OTHER FUNDING APPLICATION REQUESTS

Have you applied for funding for this CPD opportunity with any other agencies or organisations before? (Y/N)

QUESTIONS

In what way does your CPD request reflect the strategy of the ECT? (150 words MINIMUM)

What difference will the learning opportunity make to you in your professional development as an occupational therapist? (200 words MINIMUM)

What difference will the learning opportunity make to the occupational focus of your service and / or service development? (150 words MINIMUM)

How will this learning opportunity impact your service users' occupational needs? (200 words MINIMUM)

How will you disseminate your learning to colleagues / service stakeholders? (150 words MINIMUM)

Additional information to support your application (OPTIONAL)

UPLOADS:

- Support Letter from your line manager/ mentor or academic supervisor
- CV

Funding Stream Information:
For applications open whilst portal is closed

Masters

CONTACT INFORMATION

Title

First Name

Last Name

Previous Name (if any)

Email

Phone

EMPLOYMENT INFORMATION

Job Title

Self-employed (Y or N)

Service

Service Locality

HEALTHCARE REGISTRATION DETAILS

Are you a UK applicant? (Y/N)

HCPC Number (UK applicants)

CURRENCY

PREVIOUS ECT FUNDING

Have you applied for an Elizabeth Casson trust grant previously? (Y/N)

Did you submit feedback on your learning experience? (Y/N)

WE PROVIDE FUNDING FOR UP TO 60 CATS POINTS PER APPLICATION PER ACADEMIC YEAR'. PLEASE PROVIDE THE FOLLOWING INFORMATION

Institution/University of Study

Award Name

MODULE 1 (this information can be repeated for up to four modules)

**Funding Stream Information:
For applications open whilst portal is closed**

Module Title

Start Date

Finish Date

No. of CATS Credits

Cost (£)

Total cost of the 60 CATS points

Amount requested from Elizabeth Casson Trust (This should be the difference between total cost and personal contribution UNLESS you have an additional funding source)

Personal contributions (Funds you are contributing to your 60 CATS points)

Additional information

OTHER FUNDING OPTIONS

Have you applied for funding with any other agencies or organisations? (Y/N)

If you are unsuccessful with this application to the Trust, what other funding options do you have available?

QUESTIONS

In what way does your CPD request reflect the strategy of the ECT? (150 words MINIMUM)

What impact will the masters study have on your development and practice? (200 words MINIMUM)

How will the outcome of this activity impact the occupational needs of your service users? (150 words MINIMUM)

How will you disseminate your learning/findings to the occupational therapy community and wider service stakeholders? (150 words MINIMUM)

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS IF YOU ARE APPLYING FOR FUNDING FOR A DISSERTATION

What impact will this study have on your field of occupational therapy?

How will this activity add to the occupational evidence base?

Additional information to support your application (OPTIONAL except for applicants who are requesting additional funding for academic programmes). For APPLICANTS REQUESTING ADDITIONAL FUNDING FOR ACADEMIC PROGRAMMES, please add a statement (150 words

Funding Stream Information:
For applications open whilst portal is closed

minimum) to evidence how your previous study has impacted on the occupational agenda of your own learning / your service development / your service users)

UPLOADS:

- Support Letter from your line manager/ mentor or academic supervisor
- CV

Funding Stream Information:
For applications open whilst portal is closed

Doctoral

CONTACT INFORMATION

Title

First Name

Last Name

Previous Name (if any)

Email

Phone

EMPLOYMENT INFORMATION

Job Title

Self-employed (Y or N)

Service

Service Locality

HEALTHCARE REGISTRATION DETAILS

Are you a UK applicant? (Y/N)

HCPC Number (UK applicants)

CURRENCY

PREVIOUS ECT FUNDING

Have you applied for an Elizabeth Casson trust grant previously? (Y/N)

Did you submit feedback on your learning experience? (Y/N)

DETAILS FOR CURRENT APPLICATION

Purpose of grant (PhD or Professional Doctorate)

Study year of programme

Awarding body/institution

DETAILS OF FULL FINANCIAL COST REQUIRED FOR PARTICIPATION IN THIS YEAR OF STUDY

Registration fees

Additional costs (This should include any travel, loss of earnings, etc)

Total cost of this year of study (This amount should be the total of course / event fees and additional costs)

Personal contribution (Funds you are contributing to your CPD)

Amount requested from the Elizabeth Casson Trust (This should be the difference between total cost and personal contribution UNLESS you have an additional funding source)

OTHER FUNDING APPLICATION REQUESTS

Have you applied for funding for this CPD opportunity with any other agencies or organisations before (Y/N)

What are the additional funding being used for?

QUESTIONS

Please provide an outline proposal of your study and indicate at what stage of the study you are currently (1500 words MAXIMUM)

In what way does your CPD request reflect the strategy of the ECT? (150 words MINIMUM)

How will this study add to the occupational therapy evidence base? (150 words MINIMUM)

What impact will this study have on your field of occupational therapy? (200 words MINIMUM)

What impact will your learning make to you in your professional development as an occupational therapist? (200 words MINIMUM)

What difference will your learning make to the occupational focus of your service and / or service development? (150 words MINIMUM)

How will the outcome of this activity impact the occupational needs of your service users? (150 words MINIMUM)

What are the intended outputs of the study?

How will you disseminate your learning to colleagues / service stakeholders? (150 words MINIMUM)

Additional information to support your application (OPTIONAL except for applicants who are requesting additional funding for academic programmes). For APPLICANTS REQUESTING ADDITIONAL FUNDING FOR ACADEMIC PROGRAMMES, please add a statement (150 words minimum) to evidence how your previous study has impacted on the occupational agenda of your own learning / your service development / your service users)

Funding Stream Information:
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UPLOADS:

- CV
- Support Letter from your line manager/ mentor or academic supervisor

Annual Research Call

CONTACT INFORMATION

First Name

Last Name

Email

EMPLOYMENT INFORMATION

Job Title

Employer Name

WORK ADDRESS

CURRENCY

THE STUDY (Outline Proposal)

Study Title

Summary (150 words MAXIMUM)

Potential for Impact on Practice/Commissioners/Policy/Profession (150 words MAXIMUM)

Background including why this study is needed and the aim (200 words MAXIMUM)

Proposed Method/Approach (500 words MAXIMUM)

Method of Analysis (200 words MAXIMUM)

Key Ethical Considerations (150 words MAXIMUM)

List all Investigators/Affiliate Organisations/Key Partners. Please attach research CV (no more than 2 sides A4) of the Principal Investigator(s)

Duration of Study and Key Milestones (no more than 36 months)

Amount requested (costings may include staff on-costs but may not include building/infrastructure costs, etc. Please indicate if you have applied for funding elsewhere and the expected outcome date)

UPLOADS:

- Outline Proposal
- Research CV

Innovation Award

CONTACT INFORMATION

First Name

Last Name

Email

EMPLOYMENT INFORMATION

Job Title

Employer Name

WORK ADDRESS

Street 1

Street 2

Street 3

City

State/Province

ZIP/Postal Code

THE STUDY

Provide a short clear title for the project

Name of organization and details of lead person for the project. If the lead person is not the contact person, please also add the contact person's details.

Executive summary: a brief summary of the project and its rationale. Also include a statement of requested funding.

Background and identification of the issue the project seeks to resolve: clearly set out the issue including the impact that this creates on the area of practice, learning or development and any supporting evidence; include what has led to the submission

Options considered: provide a brief description of each option considered for the issue under review

Options analysis: provide the rationale for your chosen option, include a risk analysis, any mitigations and value for money benefits to demonstrate the legitimacy of the proposed project. Set out what the project entails



Funding Stream Information:
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Expected outcomes and deliverables: what will the project achieve, how will it overcome the issue and what will be the impact for the profession, your service or service users

Timeline and key milestones

Finance and Resources: include all associated costs such as staffing, materials, expert support etc. Note, we do not pay overheads or on-costs

Conclusion

UPLOADS:

- Support Letter from your line manager/ mentor or academic supervisor
- CV



Funding for Early Career Researchers “Pump Primer”

CONTACT INFORMATION

First Name

Last Name

Email

EMPLOYMENT INFORMATION

Job Title

Employer Name

WORK ADDRESS

Street 1

Street 2

Street 3

City

State/Province

ZIP/Postal Code

CURRENCY

THE STUDY

Study category: (Early stage research idea/investment; Proof of concept; Testing/Validation of an Idea; Sharing/Scaling a validated outcome of research/innovation; Publication Support/Costs; Other)

Project title

Which stage of development is the project/study? (Problem definition/Scoping/PPIE pre-design; Literature evaluation/market research; Research design; Project dissemination/publication costs; Impact related – stakeholder engagement, scaling or deploying, public/patient information materials, REF impact; Other)

Provide either a structured project outline OR Outline your publishing strategy/publication your paper has been submitted to, with timescales/benefits (250 words MAXIMUM)

FUNDING REQUEST

Funding Stream Information:
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How much are you requesting? (Between £500-£5000)

Please outline and justify how these funds will be used

Have you applied anywhere else for funding support? What was the outcome of the request?

Using the RCOT Career Development Framework, describe your stage of research career development and how this will support your development

How would receiving this funding potentially benefit your service, service users and/or the profession?

Ts and Cs BEFORE UPLOADS

I consent for this information to be shared within the Elizabeth Casson Trust Mentoring team

I agree to the use of my personal data as described in the Privacy Policy and understand I can request for my data to be deleted following assessment of my application

UPLOADS:

- Support Letter from your line manager/ mentor or academic supervisor
- CV