







FIRST 5® AWARD

Please send completed applications to <u>research@rcgp.org.uk</u> by **23:59 on Monday 12th August 2024.**

- Do not send any additional information as the panel will only review information contained within the form
- The pages will expand as you type but please note the word limit for each section
- The questions below all relate to the time period **1st June 2023 1st June 2024**
- The award recognises **FIRST 5**® **GP** that has demonstrated excellence and innovation in delivering **NIHR portfolio research studies**.

| Your details | Your answer |
|------------------------------|--|
| Full name of First 5® GP | Your answer |
| GMC number | Your answer |
| Current Practice | Your answer: Practice name and address |
| ICS Name | Your answer |
| Practice Code | Your answer |
| LCRN | Your answer |
| Email | Your answer |
| Telephone | Your answer |
| I confirm I am a First 5® GP | Yes/No (delete as applicable) |
| Membership Number: | Your answer |

Please describe, with examples, how you personally have contributed to the successful delivery of NIHR portfolio research studies within a general practice/primary care setting during the timeframe highlighted above. **WORD LIMIT = 500 words**

Please describe, with examples, how you have engaged with the public and patients and informed them about new opportunities to participate in NIHR portfolio research during the timeframe highlighted above. **WORD LIMIT = 500 words**

Please highlight any innovative or novel approaches you have made to increasing NIHR portfolio study recruitment during the timeframe highlighted above. **WORD LIMIT = 500 words**

If successful, how would you use the award to further your research interests/career? e.g. Cover conference fee/training costs etc. **WORD LIMIT = 300 words**

| Applicant's Declaration | Your Answer |
|--|----------------------------------|
| I have read and agree with the application guidance document and the information given on this form is complete and correct. | Yes/No (delete as applicable) |
| I agree that this form can be shared with the judging panel, whose members will be drawn from the NIHR and Royal College of General Practitioners (RCGP), for the purpose of judging entries for the award. If the application is successful, the information contained within this application can be retained by all stakeholder parties and used in communications about the award scheme. If the application is not successful, panel members will be required to delete the form and any associated data as soon as a decision has been formally announced to the public. | Yes/No (delete as applicable) |
| I confirm that I am happy for my contact details to be kept in order for the NIHR and RCGP to liaise with me throughout the award application and review process. I am happy for information provided to be retained until the applications have been reviewed and winners have been notified. I understand that winning and highly commended applications will be retained as examples of good practice. | Yes/No (delete as applicable) |
| If my application is nominated to be "highly commended" or determined the "winner", then I will supply further details on request for invitation to the award ceremony. If my application is determined the award winner, I understand that I will be expected to attend the award ceremony. | Yes/No (delete as applicable) |

Date:

Applicant's signature: