

Research Governance Framework – Research Application Form

About You

Name

Address

Email

Daytime telephone

Fax

Current employment

Your qualifications

Your previous research experience

About the other people who will be involved with the research

Name of your research supervisor

Address

Telephone number

Fax

Email

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Your supervisor's research qualifications and experience

Address

Telephone number
Fax
Email

Names of your research team members (including fieldworkers)

Address

Telephone number
Fax
Email

Who will be funding the Research?

Address

Telephone number
Fax
Email

Who will be sponsoring the Research?

Address

Telephone number
Fax
Email

About the Research

Title of the research project

Brief outline of the project (two or three sentences)

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What is your main reason for doing this research? (two or three sentences)

When do you propose to start this research?

How long do you expect the research will take?

Have you attached a copy of your research proposal to this application?

Yes No Draft

Does your proposal address the issues raised in the Research Proposal Template?

Yes No Partly

Will your research involve you talking directly to council staff, service users, their families or carers?

Yes No

If yes, do you and all members of your research team have up to date CRB certificates?

Yes No

Have you applied to undertake this research in any other local authorities?

Yes No

Please specify

Has your research been ethically approved by any of the following?

University ethics approval Yes No

ADSS approval Yes No

NHS approval Yes No

Other Yes No

Please specify

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Insurance documentation

Please provide evidence that your insurance is current and will remain in force for the duration of the research project. If you are unsure of what insurance you have, you should discuss this matter with your supervisor.

Checklist

Please provide the following documents with your application

- Completed application form
- Research Proposal
- If appropriate, please provide a copy of your draft questionnaire
- Research Timetable
- Information for participants
- Participant consent form (and/or parent/guardian/carer/advocate consent form)
- CRB certificates
- Insurance documents of company/university (professional indemnity and public liability)
- Any other ethics clearance
- Please list any other documents provided

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Declaration of interests

Please indicate in the space provided any relationship, personal or professional, which you may have with a staff member or potential participant that may affect this research, along with any commercial interests.

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Declaration

To the best of my knowledge the information provided in this application and supporting documentation is accurate. If any significant changes are made to the research or the proposal, I will inform the council's Research Co-ordinator at the earliest opportunity.

I confirm that all research will be carried out in accordance with the responsibilities laid out in the Research Governance Framework for Health and Social Care at http://www.medway.gov.uk/dh_4122427_1_.pdf, the annexe at http://www.medway.gov.uk/dh_4124997_1_.pdf, the Implementation Plan for Social Care at http://www.medway.gov.uk/dh_4084183.pdf and any such other guidelines as the Department of Health may issue.

I confirm that I will send a copy of the finished study to the Research Co-ordinator for the Approval Group to sign off the project.

Signed

Date

Print name

Signed by Research Supervisor

Date

Print name