

**Severn Psychiatry Educational Research Project Application Form**

**Please submit to the Head of the School of Psychiatry, to be passed on the Educational Fellowship Peer Review Body for Approval**

**Project title**

Click here to enter text.

**Department**

Click here to enter text.

**Lead researcher** (Name, Grade, Base, GMC number/Student number)

Click here to enter text.

Undergraduate[ ]

Trainee doctor[ ]

Non Training grade doctor[ ]

**Any other researchers/ collaborators**

(Name, Grade, Base, GMC number/Student number)

Click here to enter text.

**Supervisor** (Name and Email)

Click here to enter text.

**Project outline**

1. Background reasons for evaluation, literature review and rationale

Click here to enter text.

2. Aims and objectives- what you’re going to do and how you’re going to do it

Click here to enter text.

3. Design- please include the following:

* Participants/ Data sample- who/ what will provide your data
* Tools used to collect data- please list and attach
* How you plan to collect data
* How you will analyse data

Click here to enter text.

4. Ethical considerations

* E.g. questioning leading to sensitive or significant disclosures. How will this be supported or managed?
* Will the research involve politically, culturally or socially sensitive topics?

Click here to enter text.

5. Maintaining confidentiality and data protection

* Describe how confidentiality will be maintained, and how data gathered will be stored and managed.

Click here to enter text.

6. Service user involvement

Yes [ ] No[ ]

If yes please give details. Please note research involving service users or carers will need NHS Research Ethics Committee approval- <http://www.hra.nhs.uk/>

Click here to enter text.

7. Funding details

Click here to enter text.

8. Reporting & dissemination strategy

Click here to enter text.

9. References

Click here to enter text.

**Supporting information**

(maximum 3000 characters)

Please provide any additional information in relation to your study.

Click here to enter text.

**Proposed Start Date of Research**

Click here to enter text.

**Duration (months) and timetable**

Click here to enter text.

Has or will your research be submitted to another ethics committee?

Yes [ ] No[ ]

If yes please provide details

Click here to enter text.

Please provide the following as attachments:

* **Participant information and consent forms**

Yes [ ]  No [ ]

If no please indicate reason

 Click here to enter text.

* **Draft questionnaires or data gathering tool**

Yes [ ]  No [ ]

If no please indicate reason

 Click here to enter text.

* **Any guidance on support for participants disclosing significant information during the research**

Yes [ ]  No[ ]

If no please indicate reason

 Click here to enter text.

Is there any specific support you would like? This information will be passed onto your peer mentor.

Click here to enter text.

Please note: If proposed educational research involves NHS staff in the clinical environment, the proposal and committee outcomes must be shared with the Trust R&D department. If it involves medical students, the proposal and committee outcomes must be shared with the University.

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