QRESEARCH

QRESEARCH APPLICATION FORM FOR RESEARCH

For office use only:	
QRESEARCH application reference number:	
Reference number for Principal Investigator:	
Referee ID:	

PLEASE FILL IN ALL THE RELEVANT SHADED FIELDS

General details

Date application completed (DD/MM/YY):   /   /

1. Title of Research:

QRESEARCH:

2. Name of Chief Investigator:

Organisation:

Correspondence Address:

Postcode:

Email:

Tel:

Fax:

A copy of a current CV (maximum 2 pages of A4) for the Chief Investigator must be submitted with your application.

3. Co-applicant 1 – Name & Address	Co-applicant 2 – Name & Address
Name:	Name:
Post:	Post:
Organisation:	Organisation:

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Address:	Address:
Postcode:	Postcode:
Email:	Email:
Co-applicant 3 – Name & Address	**Co-applicant 4 – Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Co-applicant 5 – Name & Address	**Co-applicant 6 – Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Co-applicant 7 – Name & Address	**Co-applicant 8 – Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:

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Address:	Address:
Postcode:	Postcode:
Email:	Email:

Funding

4. Has the funding been secured? **Yes:** ☐ **No:** ☐

If yes, please give details below:

4a. Name of funding body:

UK Contact:

Address:

Postcode:

Telephone:

Fax:

Email:

4b. Title of Project:

4c. Name of Principal Investigator:

4c. Proposed study dates and duration:

    Start date: **End date:**

    Duration: Years: **Months:**

4d. Funding amount:

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Sponsorship

5. Has the funder of the research agreed to act as sponsor as set out in the Research Governance Framework?

☐ Yes   ☐ No ☐ Not yet known

Has the employer of the Chief Investigator agreed to act as sponsor of the research?

☐ Yes   ☐ No ☐ Not yet known

5a. Give details of the organisation who will act as the sponsor of the research:

Organisation: Researcher to complete

Address: Researcher to complete

Researcher to complete

Researcher to complete

Postcode: Researcher to complete

UK contact: Researcher to complete

Telephone: Researcher to complete   Fax: Researcher to complete

Email: Researcher to complete

5b. Does the Chief Investigator or any other key investigator / collaborator have any direct personal involvement (e.g financial, share-holding, personal relationship etc.) in the organisation sponsoring or funding the research that may give rise to a possible conflict of interest?

Yes: ☐ **No:** ☐

A copy of the documentation indicating that the organisation has accepted the role of sponsor should be enclosed if the sponsor is not the main funder, the Chief Investigator's employer, or an NHS body hosting the research.

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Referees

6. Please identify 6 academics who can review your proposal. Reviewers should be recognised experts in the area of the research and should not include anyone who is one of your current or past collaborators or someone likely to decline because of a significant conflict of interest.

Include 3 International Referees if applicable.

Referee 1 – Name & Address	**Referee 2– Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Referee 3 – Name & Address	**Referee 4 – Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Referee 5 – Name & Address	**Referee 6 – Name & Address**
Name:	Name:
Post:	Post:
Organisation:	Organisation:
Address:	Address:

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Postcode: Email:	Postcode: Email:

PROTOCOL

7. What are the principal research questions/objectives? *(Must be in language comprehensible to a lay person)*

8. What are the secondary research questions/objectives? *(If applicable; must be in language comprehensible to a lay person)*

9. What is the scientific justification for the research? What is the background? Why is this an area of importance? *(Must be in language comprehensible to a lay person)*

Please note: a minimum of five references should be cited in the background.

10. Give a brief synopsis / summary of methods and overview of the planned research *(This should include the study design and a description of the study population).*

11. What are the principal inclusion criteria? (please justify):

12. What are the principal exclusion criteria (please justify):

13. What is the primary outcome measure for the study?

14. What are the secondary outcome measures?

15. Where will the analysis of the data from the study take place and by whom will it be undertaken?

16a. Has the size of the study been informed by a formal statistical power calculation?

Yes ☐ No ☐

16b. Indicate the basis upon which this was done and give sufficient information to allow the replication of the calculation:

17. Has a statistician given an opinion about the statistical aspects of the research?

Yes ☐ No ☐

17a. Give the name and contact details:

Name: *Address:*

17b. Give a brief summary of advice offered and attach a copy of the comments if available:

18. Describe the statistical methods and / or other relevant methodological approaches (e.g. for qualitative research) to be used in the analysis of the results.

19. Do you anticipate there will be any intellectual property generated as a result of this project? If so, please give details including ownership and how and when this will be made publically and freely available.

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INVOICES

20. Contact details of the person to whom we should send the invoice:

Name:

Title of role:

Address:

Email address:

Telephone number:

LICENCE AGREEMENT

21. Contact details of the person who can sign the data access agreement on behalf of your organisation:

Name:

Title of role:

Address:

Email address:

Telephone number:

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Declarations

22. QRESEARCH releases data to independent academics to undertake bone fide research. We assess applications using the following criteria.
Please tick all that apply:

Did you have the original idea for this research project?	Yes: ☐ No: ☐
If not please give the name and affiliation of the person who did have the original idea: Name: Affiliation:	
To your knowledge is this work original and capable of publication as original research in a peer- reviewed journal?	Yes: ☐ No: ☐
Are you free to undertake this study and publish its findings without reference to the funding source or any other organisation?	Yes: ☐ No: ☐
Do you agree to acknowledge the source of QRESEARCH data in any publication, paper or report?	Yes: ☐ No: ☐
All research outputs derived from the QResearch database is to be made publically and freely available. Do you agree to do this for your research project?	Yes: ☐ No: ☐
Do you agree NOT to attempt to identify patient(s) or practice(s)?	Yes: ☐ No: ☐
Do you undertake to provide a copy of the final report of the project and copies of any publications within one year of the project completion?	Yes: ☐ No: ☐
Have you discussed the analysis in detail with a statistician and is there a statistician on the project team?	Yes: ☐ No: ☐

22a. Data	
The data you will get will be in a raw form. Do you have sufficient expertise within your team to undertake the manipulation and coding of the data to get it ready for analysis?	Yes: ☐ No: ☐
Do you agree NOT to release the data to any third party including the funder, sponsor or other such body?	Yes: ☐ No: ☐
Do you undertake to check the data you are given within a month of receipt and report back any problems within that time?	Yes: ☐ No: ☐
Do you agree not to use the data for any other project except that which is expressly described in your protocol?	Yes: ☐ No: ☐

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22b. Data retention, storage and destruction
How long do you wish to retain the data?   Years   Months If longer than 12 months, please justify your reasons below (the maximum data retention period is 3 years, with a review annually)

Please tick the boxes below to confirm you will store, retain and destroy the data appropriately:
Storage Data will be stored on a secure system password protected where by access to the data is restricted to only those who are named within this agreement   Yes ☐
Retention Data will be retained until the date agreed with QResearch. If data is required for longer, approval from QResearch will be obtained.   Yes ☐
Destruction Data will be securely destroyed using file shredding software. Similarly, physical media will be destroyed using a high specification shredder with the functionality to irreversibly destroy the disc. The data will also be removed from any back-up tapes that contain it. Confirmation that this has occurred will be given in writing to Julia Hippisley-Cox, QResearch   Yes ☐

22c. Details of Data Custodian
Custodian of data: *Please note – if your QRESEARCH application is successful, Julia Hippisley-Cox is the overall custodian for the QRESEARCH database. However, each individual researcher will be named custodian for the data extract they are given.* **What arrangements are in place for monitoring and auditing the conduct of the research?**

Contact details for Data Custodian for this study	
Name: *(please type or print)*	Title: Name:
Status/position:	
Organisation:	
Address:	
Address where data to be held *(if different)*	
Telephone:	**Mobile:**

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Fax:	Email:
I, the Data Custodian, will ensure that any published results from QResearch data will adhere to the protocol and the terms and conditions of the agreed data sharing agreement. I have also read, understood, and will follow the general terms and conditions given in this document and at www.qresearch.org	
Please name researchers on the team (other than co-applicants listed above) who will be have access to the data generated by the study:	
Researcher 1: Name: Post: Organisation:	**Researcher 2:** Name: Post: Organisation:
Researcher 3: Name: Post: Organisation:	**Researcher 4:** Name: Post: Organisation:
Signature:	**Date:**

22d. Overall declaration	
Can you confirm that all those involved in this research (including researchers, sponsors and funders) are aware of and agree to the above conditions?	Yes: ☐ No:☐
PROJECT TITLE: **I confirm that the declarations above are true and accurate:** _____ _____ _____ **Print name*** **Signature:** **Date:** *Please note: the person signing this form must be a qualified medical doctor.*	