# Research Governance Application Form

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| **Name of Applicant:** |  |
| **Address:** |  |
| **E-mail** |  |
| **Telephone** |  |
| **Nature of project** |  [ ] Research[ ] Evaluation[ ] Quality improvement (including audit)[ ] Request for research partnership |
| **Title of project**  |  |
| **Description of project** *Briefly explain your research question(s), why this is important, the method(s) you intend to use to answer your question, how data will be analysed and how your research will contribute to advancing the relevant field* ***(500 words maximum)*** |  |

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| **Value of the research***Please explain the value of the research in relation to the HEE’s purpose and strategic objectives*  |  |
| **HEE involvement** *Provide details of the assistance or involvement you are seeking from HEE, such as access to* • *information held by HEE* • *staff* • *students or trainees*  |  |
| **Impact on staff** *Please estimate the time required from HEE staff (if applicable)* |  |
| **Dissemination** *Explain how you intend to disseminate your work and who it will be of interest to. It is expected that the final report or thesis is presented to HEE in a way that enables the sharing of key findings as widely as possible.* |  |
| **Other impact** *If you think there are other important aspects of the proposal not covered elsewhere, please state them here.* |  |

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| **Ethical approval** (if appropriate) *Please send a copy of any approval letter and a copy of the ethics application* |  [ ] Attached [ ] Not yet received. [ ] Not required  |
| **Postgraduate Dean/Postgraduate Dental Dean Approval**Name: Position: |  [ ] Proposal discussed and approved. |
| **Institution/organisation**  Department: Faculty: Address: |  |
| **Supervisor**  Name: Position:  Email:  Phone |  |
| **Funding** *Is the research or related activity funded? If so, who by?* |   |
| **Project timescale** StartEnd |  |
| **Other comments** |  |
| **Supporting documents** | *Please ensure that sufficient additional detail is provided to allow the panel to fully review the proposal including copies of proposed questionnaires/tools and methodology.* |

* When you have completed all parts of the form in detail, please email it and supporting papers to ri@hee.nhs.uk
* Applications are reviewed on a monthly basis with any received prior to the 5th of the month being reviewed by the end of that month.