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| **Education Leads Advisory Group** **PROJECT APPLICATION FORM** |

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| Please complete this form as fully as possible. Without these details we will be unable to process your application. Please send your completed application form, along with the supporting documentation to Rachel Rulton at Rachel.Rulton@medschools.ac.uk  |

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| **Project Title/ What do you wish to ask from the medical schools?** |
|  |
| **Short Title:** |   |

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| **Investigator Details:**  |
| Name: | E-Mail Address: | Job title, College, School |
| **Chief Investigator or Project Lead** |
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| **Co-Applicants** *(includes external researchers)* |
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| **Supervisor details:** |
| Name: | E-Mail Address: | Job title, College, School |
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| **Signature of Medical School Dean, Deputy, Head of School or Education lead:** |
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| **Anticipated Start Date:** |  |

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| **Participants** |
| Students or teaching staff  |  |
| Number of student participants |  |
| Which year (s) of the programme? |  |
| Which teaching staff?  |  |
| **Design Details**(*please complete this section to enable adequate review without reference to the protocol)* |
| **What are the Principal and Secondary Research Questions?** |
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| **What is the Justification for the Research, including anticipated benefits to participants?** |
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| **How much time would you anticipate the medical school(s) will need to take part in this project?** |
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| **What resources would the medical school(s) taking part need in order to take part in this project?** |
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| **Summary of Design and Methodology:** |
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| **What is the purpose of this project?** |
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| **How would a national survey of medical school staff or students benefit this project?** |
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| **How do you anticipate this project’s results will impact on undergraduate medical education?** |
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| **Are you aware of any other studies addressing similar questions currently in progress or planned?** |
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**2. RESOURCE DETAILS**

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| **Main Funding source:**  |
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| **Research governance:** |
| **Which organisation will be acting as research governance sponsor:\*** |  |
| **Has research ethics committee approval been obtained?** |  |
| **Who has granted ethical approval for this project?** |  |

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| **Other Details:** |
| **Is this study part of any local, regional or national research initiative?:\*** |  |

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| Before a study can begin, other supporting documentation must also be supplied. Please indicate the status of these items: \* |
|  ***Sent to Application*** |
| Full Protocol |  |  | □ |
| Ethics approval |  | Date submitted: | □ |
| Consent form |  |  | □ |
| Participant information leaflet (s) |  |  | □ |
| Copy of survey questions |  |  | □ |