

**RESEARCH PROPOSAL FOR EDP RESEARCH PANEL**

**Please note that we are not currently accepting research proposals from undergraduate students**

Please submit the application via email to:

researchpanel@edp.org.uk

If you have any queries about the application form or process, please contact:

researchpanel@edp.org.uk

**Section 1 – Applicants details**

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| **Principal Researcher**  |
| **Researcher’s Name:**  [Text]**Researcher’s Department & School:** [Text]**Status:**[ ]  **Taught Postgraduate** [ ]  **MPhil / PhD/ Specialist Doctorate** [ ]  **Staff Research****If Student – name of course/qualification** [Text]**If Staff – Research Post Held:** [Text] |
| **Principle Researcher’s Contact Details** Please provide external email addresses and civilian telephone numbers |
| **Email:**  [Text]**Telephone Number:** [Text]**Address:** [Text] |
| **Supervisor (where appropriate)** Please provide external email addresses and civilian telephone numbers |
| **Name of Supervisor:** [Text]**Supervisor’s Post Title:** [Text]**Supervisor’s Department (if different to student):** [Text]**Supervisor’s Email address:** [Text] |
| **Oher Investigators**. Please list any other investigators/collaborators involved with the study, and ensure that their role (e.g. collaborator, gatekeeper) and responsibilities within the project are explained. Please include any draft/preliminary approach letters to gatekeeper organisations and confirm that you will forward permission letters when you have them if requested for audit purposes. Please provide external email addresses and civilian telephone numbers |
| **Name:** [Text] **Post Title:** [Text] **Department:** [Text] **Establishment:** [Text]**Address:** [Text] **Telephone:** [Text]**E-mail:** [Text] |
| **Name:** [Text] **Post Title:** [Text] **Department:** [Text] **Establishment:** [Text]**Address:** [Text] **Telephone:** [Text]**E-mail:** [Text] |
| **Name: [Text] Post Title: [Text]** **Department: [Text] Establishment: [Text]** **Address: [Text] Telephone: [Text]****E-mail: [Text]** |

**Section 2 – Research details**

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| DATE of submission to Panel | DATE of panel meeting | NUMBER OF RESEARCH PARTECIPANTS REQUIRED |
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| PROPOSED LOCATION OF RESEARCH | **TARGET POPULATION (age, gender, substance of choice, other need …)** |
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| 1. Please give a summary of the proposed research, including what the objectives are and how it will be conducted?
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| 1. Please outline how the research will be of overall benefit to EDP Drug & Alcohol Services and the people who use the services?
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| 1. Please outline how the researcher will engage participants?
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| 1. Please outline the time or other commitments from staff which will be required by the researcher?
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| 1. In the eventuality of significant changes being made to the research methodology through the research process, how will this be negotiated and communicated to EDP?
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| 1. Please give evidence of how the research project has been through a process of ethical consideration. Please share the considerations, including issues of client consent and consent to share information.
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| 1. Please confirm that any published research conducted that involves EDP will give suitable acknowledgement, proportionate to the level of involvement of EDP.
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| 1. Please outline any other considerations (e.g. will there be benefit to staff (learning more about conducting research)/Are there ways in which service users can be actively involved as ‘researchers’?).
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| 1. Will financial incentives, reimbursement or compensation be provided to the participants? Please give details
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| 1. Has risk to researcher, participant and service been considered? Please outline considerations below
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**Section 3 - Data Protection, Confidentiality/ Boundaries, Data and Records Management, Dissemination**

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| 1. **Do you confirm that all processing of personal information related to the study will be in full compliance with the Data Protection Act 2018 (DPA) including GDPR?**
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| Yes    [ ]    No [ ]  |
| 1. **What steps will be taken to ensure the confidentiality of personal information? Give details of anonymisation procedures and of physical and technical security measures. Please note: to make data truly anonymous all information that could potentially identify a participant needs to be removed in addition to names. NB: Personally identifiable data held on mobile devices must be encrypted**
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| 1. **Who will have access to personal information relating to this study? Confirm that any necessary wider disclosures of personal information (for instance to colleagues beyond the study team, translators, transcribers, auditors etc.) have been properly explained to study participants.**
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| 1. **Data management responsibilities during and after the study**
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| State the specific physical location where the data will be stored (for example, where within the university/organisation):State how long study information (including research data, consent forms and administrative records) will be retained for. Note that we expect them to be stored for at least 10 years.State in what format(s) the information will be retained (for example, as physical and/or electronic copies):NB: Any personally identifiable data that is held on any mobile device should be encrypted. This includes data stored on USB keys, laptop/netbooks, desktop computers, smart phones, workgroup servers and relevant emails.Will data be archived for use by other researchers?No [ ]  YES (in anonymised form) [ ]  If you intend to retain or share anonymised data with other researchers, you must make this clear on the information sheet.Yes (in identifiable form) [ ]  If you intend to retain or share identifiable data with other researchers, you must ensure that these arrangements are detailed in the Information Sheet and that explicit participant consent to do so will be obtained. |
| 1. **Data and records management responsibilities during the study. The ‘Principal Investigator’ is the named researcher for staff projects and the supervisor for student projects.**
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| I confirm that the Principal Researcher (or in the case of student research the Supervisor) will take full responsibility for ensuring appropriate storage and security for all study information including research data, consent forms and administrative records and that, where appropriate, the necessary arrangements will be made in order to process copyright material lawfully.Yes    [ ]    No [ ] Further, provide a specific physical location at which research data will be stored during the study. |
| 1. **Research Dissemination**
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| Dissemination plans: If you intend that the research findings will be disseminated, please give details of how you will achieve this. Forms of dissemination might include an examined dissertation/thesis, peer reviewed journal, internal report, public report, press release to media, conference/seminar presentation. Other ethical issues related to dissemination: Provide details of any other ethical issues or risks that may arise as a result of the dissemination of the research findings. For example, if there are any anticipated limitations or restrictions on how the research findings might be disseminated or published (perhaps imposed by researcher funders, sponsors or collaborating bodies) provide details. If the dissemination of findings might present risks to the participants, outline these risks and how they will be minimised. |
| 1. **Has consideration been given to researcher’s boundaries when in service? (i.e. location of researcher, access to sensitive data, boundaries between research and service delivery etc) Please share reflections on this**
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**Section 4 - Signatures**

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|  **Researcher/Applicant**  |
| *I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this study. The information supplied above is to the best of my knowledge accurate. I clearly understand my obligations and the rights of participants, particularly as regards obtaining valid consent. I understand that I must not commence research with human participants until I have received full approval from EDP Research Panel* Signature ……………………………………………………………………………… Date |
| **Supervisor Authorisation for Student Projects (including PhD)**  |
| *I confirm that I have read this application and will be acting as the student researcher’s supervisor for this project. The proposal is viable and the student has appropriate skills to undertake the research. Participant selection and recruitment procedures, including the Information Sheet(s) to be provided and the manner of obtaining informed consent, are appropriate and the ethical issues arising from the project have been addressed in the application. I understand that research with human participants must not commence without full approval from the H4H Research committee.*If applicable:The student has read an appropriate professional code of ethical practice [ ] The student has completed a risk assessment form [ ] Name of Supervisor: Signature …………………………………………………………… Date………………… |
|  **Medical Supervision (if appropriate)** |
| Name of Medical Supervisor: Medical Supervisor’s MDU/MPS (or other insurance provider) number:………………………………………………………………………Signature of Medical Supervisor:………………………………………………………………. Date………………….. |

The following, where applicable, are attached to this form (please indicate):

[[ ] ] Information Sheet for Participants

[[ ] ] Consent Form for Participants

[[ ] ] Recruitment documents (e.g. recruitment email, posters, flyers or advertisements)

[[ ] ] Questionnaire/ topic guide/ interview questions

[[ ] ] Evidence of permission from organisation (e.g. hospital) where research is to take place

[[ ] ] Evidence of any other approvals or permissions (where applicable)

[[ ] ] Risk assessment

[[ ] ] List of acronyms

Please list any other supporting documents: