**Non-research Project Proposal Form**

**(to include Service Evaluation, Patient or Staff Survey, Case Study)**

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| **Name of Proposer** |  |
| **Job title and base (or organisation if not SWAST staff member)** |  |
|  |
| **Project title** |
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| **Brief outline of project** |
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| **Background** (What prompted this proposal, why is the topic important, why do you want to undertake it?) |
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| **Aim of the study** (What are you trying to achieve?) |
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| **Objectives** (Broadly, what activities will you undertake to meet your aim?) |
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| **What methods will you use? What is your proposed sample size and sampling criteria? How will you collect the data?** (Note: if you plan to include an audit within your study, please complete a Clinical Audit proposal form as well) |
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| **What do you need from the Trust to carry this project out?** (e.g. identifiable or non-identifiable data, aggregate data, access to staff, access to patients) |
|  |
| **Are there any cost or resource implications? Who will be funding it?** |
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| **Please provide details of the following:** |
| Information relating to how you propose to disseminate your findings and whether these will lead to service developments and/or improvements: |
|  |
| Any possible risks of the study, both to patients or the Trust: |
|  |
| How you will store the data you collect securely, and how long you plan to keep it for: |
|  |
| **If you are a SWAST staff member:** Please confirm that you are up to date with Information Governance training; aware of GDPR (more info [here](http://intranet.swast.nhs.uk/Downloads/SWASFT%20downloads/Information%20Governance/GDPRForBeginners.pdf)); and familiar with the Trust policy relevant to handlinginformation (you can review the policy [here](http://intranet.swast.nhs.uk/Downloads/SWASFT%20downloads/New%20SWASFT%20policies/MCR_Policy.pdf))**If you are not a SWAST staff member:** Please confirm that you are familiar with the Data Protection Act and other legal provisions concerning confidentiality and data security | Yes [ ]  |
| **Document Checklist** |
| **Relevant project documents**Dependent on design, this could include:*Survey/ questionnaire questions, data collection tools, other tools or training materials you will use, participant invitation letter/ email/ advert, participant information sheet and consent form, list of data fields required.*If you require data from ECSand are a Trust clinician, please complete this Data Fields request form | **Please list below:** |
| **Date of proposal submission to R&D:** |  |
| **Proposed start date:** |  |
| **Proposed finish date:** |  |
| **Expected date of final report:** |  |

Please forward your completed Non-research projects Proposal Form (and if applicable, your Clinical Audit Proposal Form) to Research.Audit@swast.nhs.uk

We will inform you of the date on which your project proposal will be reviewed by the Trust Research and Development Group, and you can expect a response within 5 working days of this meeting.

**Thankyou for your submission.**