

Research Governance Framework Application Form for Research Governance Approval

This form should be completed by the Chief Investigator, after reading the Guidance Notes.

1. Research Title *(See Guidance Note 1)*

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2. Roles & Responsibilities *(See Guidance Note 2)*

a) Chief Investigator

Full Name:	
Qualifications:	
Organisation:	
Brief details of relevant previous research:	
Job Title:	
Address:	
Email:	
Telephone:	

I confirm that I agree to the responsibilities of Chief Investigator and to adhere to the standards and ethical principles set out in the Research Governance Framework.

Signed:

Date:

b) Researchers *(Please complete for each Researcher and add additional pages if required)*

Full Name:	
Qualifications:	
Organisation:	
Brief details of relevant previous research:	

Job Title:	
Address:	
Email:	
Telephone:	
Full name:	
Qualifications:	
Brief details of relevant previous research:	
Organisation:	
Job Title:	
Address:	
Email:	
Telephone:	
Full name:	
Qualifications:	
Brief details of relevant previous research:	
Organisation:	
Job Title:	
Address:	
Email:	
Telephone:	

c) Employing Organisation *(If the project is being undertaken by a Student, please go to (g))*

Name:	
Contact Details:	
Address:	
Telephone:	

d) Senior Manager Support

Full Name:	
Position:	
Organisation:	
Address:	
Telephone:	
Please give reasons for supporting the work:	

Senior Manager Responsibilities

I agree to the researcher having access to the appropriate research participants and their details in accordance within the standards and ethical principles set out in the Research Governance Framework and confirm that I have made the appropriate arrangements to facilitate this access.

Signature:
Date:

e) Sponsor	
Full Name:	
Organisation:	
Job Title:	
Address:	
Email:	
Telephone:	

Sponsors Responsibilities

I confirm that I agree to the responsibilities of Sponsor and to adhere to the standards and ethical principles set out in the Research Governance Framework

Name of Sponsor

Signature

Date:

f) Funder (Please provide a confirmation letter from Funder)	
Full Name:	
Organisation:	
Job Title:	
Address:	
Email:	
Telephone:	

g) University/College (Please include a confirmation letter from the University with this application)	
Contact name:	
University/College name:	
Address:	
Email:	
Telephone:	

3. Research Project *(See Guidance Notes 3)*

a) Please provide a short 3-4 pages maximum) outline of your research proposal. This research proposal should include :

- The purpose and the rationale for this research.
- The aims and objectives of this research
- The intended audience of this proposed research
- Your role
- Your opening statement, Argument or Hypothesis
- A discussion of your proposed research methodologies such as empirical investigation, practical work, interviews and analysis
- How this research proposal will be funded
- Expected outcomes of your research

b) Please provide the timescales of this research project and details of the stages of the project (please include a GANTT chart if appropriate).

c) Please identify the key milestones of the projects with dates if possible.

d) Please confirm if your research proposal has been subject to a Peer Review (if so, please provide a copy).

4. Participants *(see Guidance Notes 4)*

a) Do you intend to use any participants for your research project?

Yes ☐ No ☐

b) Will the participants be from any of the following groups?

Children under 16	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults with learning disabilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults who have mental illness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults with dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Carers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Young Offenders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults in care or who have carers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults who are visually or sensory impaired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults who have a terminal illness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults who are unconscious or very severely ill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Adults who are over 65 years old	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Please describe the involvement of the research participants, patient groups or communities that you intend to use in your research and how they will be involved in the project. (Please provide a profile for these participants).				
d) How will the potential participants in the project be identified, approached or recruited. (Please provide a copy of any draft letters proposed).				

e) If the participants are likely to be recruited from any of the vulnerable groups described in (b) please give details of extra steps taken to assure their protection.

f) What arrangements will be made for those participants whose first language is not English or may have special communication needs?

g) Will participants be receiving payments for taking part in this research or receive reimbursement of expenses or any other incentives or benefits for taking part in this research?

Yes ☐ No ☐

h) Will Criminal Records Bureau checks be carried out for all staff involved in this research project? (Please provide written evidence of this CRB Check)?

Yes ☐ No ☐

5. Ethics *(See Guidance Notes 5)*

a) What are the risks and ethical issues involved in this study?

b) What arrangements will be made to deal with risks and ethical issues involved in the study? (Please describe those risks relating to both participants and researchers.)

c) What arrangements will be made to obtain informed consent?

d) How will the information that is collected be stored and managed?

e) If the research has been subject to an independent ethical review please attach copies of the relevant documentation?

6. Monitoring *(See Guidance Notes 6)*

a) What arrangements are to be put in place for monitoring the research project including any financial monitoring?

7. Collaborative arrangements *(See Guidance Notes 7)*
(If the research is to be carried out by more than one researcher or organisation)

a) What are the agreed tasks and responsibilities?

b) How will you deal with any conflicts of interests?

c) Please provide written evidence that all parties have agreed the ethical procedures in the Research Governance Framework

8. Dissemination *(See Guidance Notes 8)*

a) How are you intending to report the results of the project?

b) How will the results of the project be made available to the research participants?

9. Declaration of Interests *(See Guidance Notes 9)*

Please indicate in the space below any relationship, personal or professional, which you may have with a staff member or potential participant that may affect your research along with any commercial interests.

Declaration

To the best of my knowledge the information provided in this application and supporting documentation is accurate. If any significant changes are made to the research or the proposal I will inform the Council's RGF coordinator at the earliest opportunity.

I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data held on participants, including the need to register with the appropriate Data Protection Officer.

Signed:**Date:****Print Name:**