**Student Research Project Application Form**

Student projects are those undertaken for the purpose of obtaining an educational qualification.

This form is to be used for student projects that are accessing only **CNTW** **staff** and only **CNTW Trust** ([HRA Guidance](http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/student-studies-led-england/)). All other student projects must apply for HRA approval and must not complete this form.

**STUDENT DETAILS:** (Person designing the project / Main contact).

|  |  |
| --- | --- |
| Name |  |
| Academic Email |  |
| CNTW Email |  |
| Telephone |  |

|  |  |
| --- | --- |
| Course Title |  |
| Name and Address of HE Institution |  |
| Name and Contact Details of HE academic supervisor |  |
| Name and Contact Details of CNTW supervisor |  |

**FULL TITLE OF PROJECT:**

|  |  |
| --- | --- |
| Planned Project Start Date |  |
| Planned Recruitment Start Date |  |
| CNTW Recruitment Target |  |
| Planned Recruitment End Date |  |
| Planned Project End Date |  |

**WHICH CLINICAL STAFF GROUP DOES THIS PROJECT RELATE TO?**

(Please tick all that apply)

|  |  |
| --- | --- |
| Inpatient |  |
| Community |  |
| Specialist |  |
| Other (please state) |  |

**METHODOLOGY**

Please provide a description of the methodology used during this project. (Please include research question, design, methods, participants, data processing, analysis and plans for dissemination.)

*Expand box as necessary*

**UNIVERSITY PEER REVIEW DETAILS AND UNIVERSITY ETHICS**

|  |  |
| --- | --- |
| Date of Peer Review |  |
| Date of University Ethics |  |

Please provide a copy of the peer review(s) and University Ethics Committee outcome in your submission.

**CONFIRMATION SIGNATURES   
*if wet ink signatures cannot be obtained, email confirmation would be sufficient***

**Student**

Name:

Signature:

Date:

Designation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Academic Supervisor** *(The academic supervisor must ensure they have oversight of the project to ensure GCP and GDPR)*

Name:

Signature:

Date:

Designation:

**CNTW Clinical Service Approval** *(A senior clinical member of CNTW staff must confirm their support for the research happening in their area)*

Name:

Signature:

Date:

Designation:

**SUBMISSION REQUIREMENTS**

Please return this completed form to [research@cntw.nhs.uk](mailto:research@cntw.nhs.uk) (subject of the email Student Research Project Application Form) along with the following documents:

* Protocol or project proposal (appropriately dated and version controlled)
* Participant Information Sheet (appropriately dated and version controlled and with GDPR transparency information)
* Participant Consent Form (appropriately dated and version controlled and with GDPR transparency information)
* Copy of Peer Review and University Ethics Committee outcome
* [Research CV](https://www.hra.nhs.uk/documents/325/guidance_on_submission_of_cv1.doc) (both student and academic supervisor). This must include information regarding relevant education, training and experience of research or GCP Training date.

**Please allow three weeks for this submission to be processed by R&D.**

**R&D will confirm via email when you can start your project.**

**Please note:**

1. Your project will not be processed until R&D receive a full and valid submission.
2. R&D have the right to refuse student projects.
3. You must await a response from R&D prior to beginning your project.
4. The information proved to us will be stored on a CNTW computer network.