

SDPBRN QI (RESEARCH) PORTFOLIO APPLICATION FOR STUDY ADOPTION

Applicant Details

Chief Investigator Name¹ _____
 Employing Organisation¹ _____
 Address (include Postcode) _____

Contact Person

Name¹ _____
 Telephone Number _____
 E-mail¹ _____

Research Category¹

Category A Category B Category C Category D

For Category C studies, provide name of Funding Body and award reference number.¹

Funding Body _____ Award Ref No. _____

Quality Dimension¹
(select all that apply)

Safe Timely Efficient Equitable
 Effective Person-centred

Study Details

Title¹ _____

Dates¹ Start Date _____ End Date _____

Background¹ _____

Research Question¹ _____

Primary Outcome(s)¹ _____

Secondary Outcome(s)¹ _____

Design¹ _____

Setting¹ _____

Participants¹
(select all that apply) Dentists DCPs Patients Other

Number of dentist participants¹ _____

Dissemination Plans
(select all that apply) Report Participant Summary Peer Review Paper Other

If 'other' was selected, provide details below.

QI (Research) and Reflective Activities

Briefly describe the QI (Research) activity to be undertaken by a dentist participant¹ and the expected time for each activity

QI (Research) Activity

Time

hrs _____ mins _____

Does any of the QI (Research) activity detailed above receive NHS R&D support or Research Funder support?

Yes No

If yes, what activity is supported and how much time is funded?

Briefly describe the reflective activity to be undertaken¹ and the expected time this will take.

Reflective Activity

Time

hrs _____ mins _____

Governance

Peer review

Research team Other Internal External None

Ethical review²

Approved Submitted Not required

If ethical review is not required, please record why.

NHS R&D approval²

Approved Submitted Not required

If NHS R&D approval is not required, please record why.

Other approvals²

Approval Type	Status	
_____	Approved <input type="checkbox"/>	Submitted <input type="checkbox"/>
_____	Approved <input type="checkbox"/>	Submitted <input type="checkbox"/>

Funding in place for completion of study

Yes No

Sponsor Details

Organisation _____
 Address(include Postcode) _____

I certify the study will be conducted according to the UK Policy for Health and Social Care Research (2017)

Chief Investigator Signature _____

Date _____

Documents Submitted with Application

Reflective report template ³	<input type="checkbox"/>	Favourable ethical opinion ²	<input type="checkbox"/>
Notification of R&D approval ²	<input type="checkbox"/>	Other templates / approvals ²	<input type="checkbox"/>

Application Submission

Guidance for completing the form is available at www.sdpbrn.org.uk.

Once complete save a local copy of the application form for your records before emailing it as an attachment to sdpbrn@nes.scot.nhs.uk.

Also attach the Reflective Report Template and any other templates (e.g. action plan template) for the study's QI (Research) activities to the email and any available research approval(s) documentation.

SDPBRN will acknowledge receipt of your application.

SDPBRN Contact Details

If you have any queries about completing the application form, the application process or the progress of your application, please contact:

Mrs Lorna Barnsley
SDPBRN Administrator
NHS Education for Scotland
Dundee Dental Education Centre
Small's Wynd
Dundee
DD1 4HN

Telephone: 01382 740912

E-mail: sdpbrn@nes.scot.nhs.uk

1 This information about the study will be made available on the SDPBRN website via the QI (Research) Portfolio.

2 Copies of all required approval notifications must be submitted to SDPBRN before the study can be adopted onto the QI (Research) Portfolio.

3 Must be submitted with application.