

**SDPBRN QI (RESEARCH) PORTFOLIO APPLICATION FOR STUDY ADOPTION**

**Applicant Details**

Chief Investigator Name<sup>1</sup> \_\_\_\_\_  
 Employing Organisation<sup>1</sup> \_\_\_\_\_  
 Address (include Postcode) \_\_\_\_\_

**Contact Person**

Name<sup>1</sup> \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail<sup>1</sup> \_\_\_\_\_

**Research Category<sup>1</sup>**

Category A  Category B  Category C  Category D

*For Category C studies, provide name of Funding Body and award reference number.<sup>1</sup>*

Funding Body \_\_\_\_\_ Award Ref No. \_\_\_\_\_

**Quality Dimension<sup>1</sup>**  
*(select all that apply)*

Safe  Timely  Efficient  Equitable   
 Effective  Person-centred

**Study Details**

Title<sup>1</sup> \_\_\_\_\_

Dates<sup>1</sup> Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Background<sup>1</sup> \_\_\_\_\_

Research Question<sup>1</sup> \_\_\_\_\_

Primary Outcome(s)<sup>1</sup> \_\_\_\_\_

Secondary Outcome(s)<sup>1</sup> \_\_\_\_\_

Design<sup>1</sup> \_\_\_\_\_

Setting<sup>1</sup> \_\_\_\_\_

Participants<sup>1</sup>  
*(select all that apply)* Dentists  DCPs  Patients  Other

Number of dentist participants<sup>1</sup> \_\_\_\_\_

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 participant<sup>1</sup> 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 undertaken<sup>1</sup> and the expected time this will take.

**Reflective Activity**

**Time**

hrs \_\_\_\_\_ mins \_\_\_\_\_

**Governance**

Peer review

Research team  Other Internal  External  None

Ethical review<sup>2</sup>

Approved  Submitted  Not required

*If ethical review is not required, please record why.*

NHS R&D approval<sup>2</sup>

Approved  Submitted  Not required

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

Other approvals<sup>2</sup>

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

## Application Submission

Guidance for completing the form is available at [www.sdpbrn.org.uk](http://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](mailto: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](mailto: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.