**PÂR & NCMH Standard Operating Procedures**

**PÂR Researcher Request Form**

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| --- | --- | --- | --- |
| SOP Number: | NCMH/18/Researcher Request/1.1 | Effective Date: |  |
| Version Number & Date: | 1.1 June 2018 | Review Date: |  |
| Superseded Version Number and Date: | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Author: | Laura Bunting | Position: | NCMH Centre Manager | Signature: |  | ADD DATE |
|  |  |  |  |  |  |  |
| Approved by: |  | Position: |  | Signature: |  |  |
|  |  |  |  |  |  |  |

Disclaimer: When using this document, please ensure that the version you are using is the most up to date by contacting the NCMH Centre Manager to confirm the current version.

**Table 1. Amendments to SOP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Superseded version number | Changes to document | Changes authored by | Date approved | New version number |
| 1.0 April 2018 | 1. Question on partnering experience removed.  2. Request for layperson’s summary added. | Rebecca Lynch |  | 1.1 |

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**FORM 1**

| **SOP number:** NCMH/18/Researcher Request/1.1 | | | | |
| --- | --- | --- | --- | --- |
| **Form:** PÂR Researcher Requester Form | | | | |
| **About you** | | | | |
| Name |  | | | |
| Email |  | | | |
| Work organisation  (university, health board etc.) |  | | | |
| **About the project** | | | | |
| Project title | |  | | |
| Please provide a short description of the aims of your project | |  | | |
| Please describe the population you are planning to study in your project | |  | | |
| Please tick the development phase of the project | |  | | |
| Pre-funding | |  | | |
| Grant funding awarded | |  | | |
| Within the awarded grant do you have funds available to cover the cost of Public Involvement? | | **YES** | **NO** | |
| *Please note. If you are in the pre-funding stage and would like advice/support to cost public Involvement, please contact L. Bunting par@cardiff.ac.uk*  *If you do not have funds to cover the cost of Public Involvement we cannot guarantee that we will be able to support your project.* | | | | |
| **About the Involvement** | | | | |
| Type of involvement for the project *(please tick as many that are relevant to your project)* | | | | |
| Review (e.g., read and answer questions on a document) | | | |  |
| Research development session (group meeting) | | | |  |
| Research development one-to-one meeting (face-to-face or via telephone/skype) | | | |  |
| Grant writing/co-applicant | | | |  |
| Advisory board member | | | |  |
| Dissemination and engagement activities | | | |  |
| Other (please state below) | | | |  |
|  | | | | |
| When do you need this involvement opportunity to be completed by? (If the involvement is a meeting or event please give expected dates) | | | |  |
| **If you would like the group to complete a review, please complete the additional questions below** | | | | |
| Please list the type of document you would like to have reviewed (e.g., project outline, ethics application, patient materials) | | | | |
|  | | | | |
| Please list below the questions you would like the panel member to consider/answer when reviewing the document(s) | | | | |
|  | | | | |
| How many pages is the document you are submitting | | | |  |
| How long do you think it would take someone to complete this review | | | |  |
| Please tick to confirm that you have provided both a technical and layperson’s summary | | | |  |
| **Providing feedback** | | | | |
| PÂR collects data on involvement activities and any outcomes that arise. During and at the end of the project a PÂR coordinator will contact you about your project, outcomes and general feedback on the process of Public Involvement within the development of research. | | | | |
| Signed: | | | | |
| Date: | | | | |
| **Please return this form to par@cardiff.ac.uk** | | | | |