

Advice and support request form

Please complete as much of the information as possible, where applicable. Providing as much information as possible will allow us to approve your advice request as quickly as possible and will help facilitate the advice process.

For answers marked *, see last page for definitions.

If you have any problems filling in the form then please try the [Word version of this form here](#). Alternatively, please email us at rds-nw@lancaster.ac.uk.

Data Protection, Privacy and terms of service

Before sending this advice request form, please read our Charter, Working Agreement and Terms and Conditions found at www.rds-nw.nihr.ac.uk/about-us/charter-and-sop. On submitting this advice request form, you agree to the contents within these documents and the terms of our service.

The details you provide on this form will be handled and processed in-line with our data protection and privacy statement. This can be found at www.rds-nw.nihr.ac.uk/about-us/data-protection-privacy.

If you are unable to view any of these documents, please contact us using the contact details at the end of this form.

Information about you - the main contact

Title

First name

Surname

ORCID®†

If ORCID not entered, please select why

Employing organisation name

Classify organisation

If 'Other' please specify

Do you have a second appointment - enter organisation name

Classify second organisation

If 'Other' please specify

Please classify your profession*

If 'Other' please specify

Profession

If 'Other' please specify

Email

Repeat email

Telephone

What is your role on the project?

Are you an NHS employee seeking RDS support for the first time?

Yes

No

Note, if you have previously received support when not employed by the NHS and you are now employed by the NHS, answer yes to this question.

About the project team

Do research team members fit into the following roles (please complete all that are relevant)? *

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinical academic | <input type="checkbox"/> Academic | <input type="checkbox"/> Non-academic clinician |
| <input type="checkbox"/> Social care practitioner | <input type="checkbox"/> Public health practitioner | <input type="checkbox"/> Small or medium-sized enterprise (SME) |
| <input type="checkbox"/> NHS other | <input type="checkbox"/> NHS manager | |
| <input type="checkbox"/> Patient/Public contributor | <input type="checkbox"/> Other, please specify | |

About the chief investigator (CI)/lead applicant – complete if you are not the chief investigator or lead applicant

Their ORCID®†

If ORCID not entered, please select why

What is their employing organisation?

Classify organisation

If 'Other' please specify

Do they have a second appointment - enter organisation

Classify second organisation

If 'Other' please specify

Classify profession

If 'Other' please specify

What is their profession?

If 'Other' please specify

Are they an NHS employee seeking RDS support for the first time? Yes No Don't Know

Note, if you have previously received support when not employed by the NHS and you are now employed by the NHS, answer yes to this question.

We recommend involving your CI in any advice discussions. If you have permission to share their details with us, please provide below, so we can inform them that their project is receiving advice

Title

First name

Surname

Email address

Please note we will handle this information in line with our data privacy statement and may use these details to determine funding outcomes on public websites as described in our privacy statement.

Your research proposal and intended funding stream

Title of your project (enter a working title/topic area if not known)

Planned study design and methodology (if known)

For which funding stream do you intend to submit? Not known yet, select 'Unknown'

If 'Other' please specify

For which submission deadline date are you aiming?

At what stage of the application do you need advice? **Outline**
 Full/Single Stage Application

More about your research proposal (if applicable)

Does this project involve any of the following research types (tick all that apply)?

Applied Health

Social Care

Public Health

What is the primary health topic for this project ? (if appropriate)

If 'Other' please specify

Is this a previously submitted rejected proposal?

At what stage of the application process did it fail?

Please send any comments made by the panel and/or peer reviewers.

What kind of support or advice would you like from the RDS NW?

Please tick all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Accessing and applying to R&D approval systems | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Evaluation design |
| <input type="checkbox"/> Formulating research questions | <input type="checkbox"/> Health economics |
| <input type="checkbox"/> Identifying appropriate collaborators in research | <input type="checkbox"/> Identifying/applying to appropriate funding sources |
| <input type="checkbox"/> Intellectual Property (IP) advice | <input type="checkbox"/> Impact advice |
| <input type="checkbox"/> Literature review | <input type="checkbox"/> Research design for mixed methods |
| <input type="checkbox"/> Promoting and facilitating patient and public involvement (PPI) | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Qualitative Research Design | <input type="checkbox"/> Quantitative Research Design |
| <input type="checkbox"/> Application writing/"grantsmanship" skills | <input type="checkbox"/> Survey design |
| <input type="checkbox"/> Research design for clinical trials | <input type="checkbox"/> Critical Review |
| <input type="checkbox"/> Other – Please specify | |

Briefly outline your query

Previous advice given for this project

Please tick if you have sought RDS NW advice before concerning this project

Please specify who advised you

If you were provided with a case ID, please enter here

Involving your R&D office/department

Please tick if you have informed your R&D office/department of this project?

Mailing list and other information

Tick if you want to be added to our mailing list to keep up-to-date with RDS NW/related information

How did you hear about us?

Please give details

Please email your completed form as an attachment to rds-nw@lancaster.ac.uk. If you have a draft proposal or any other supporting information, please send it as well. We aim to respond to you in two working days. You can contact us on 01524 593209. Alternative methods of contact can be found at www.rds-nw.nihr.ac.uk.

Find the RDS NW useful? - help us help others

We produce publically available case studies, articles, videos and other promotional materials to let others know about our free service and its benefits. Case studies are also use to inform the NIHR of the support we provide.

Tick the box if you agree to us contacting you regarding development of case studies/ promotional materials

Please let others know about the RDS NW. You can help by letting your colleagues know about the service e.g. by placing a link to our website on websites/newsletters/blogs etc. or by providing some information about our service at your organisation. For more information on how you can help promote the RDS NW or for materials about the RDS NW, please contact rds-nw@lancaster.ac.uk. Your help is very much appreciated.

* Definitions:

Clinical academic - the individual holds a clinical academic post,

Academic - the individual holds an academic post only,

Non-academic clinician - the individual is a health professional

NHS Manager - the individual holds a non-clinical management post within the NHS.

[†] ORCID is a registered trademark of ORCID, Inc