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| Application For *(select all that apply)*: DECIPHer Adoption  DECIPHer Affiliation  SHRN Adoption |

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| **New Study Proposal**  ***(please read the DECIPHer Adoption Portfolio Information Sheet before completing this form)*** | **Portfolio**  **RIDG Ref Number**  **Adoption /Affiliation Number** | *Office use only)*  Click or tap here to enter text. |

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| **Project Title** | Click or tap here to enter text. | | | | |
| **Short Title/Acronym** | Click or tap here to enter text. | | | | |
| **Principal Investigator (PI)** | Name | Click or tap here to enter text. | | Position | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. | | Email | Click or tap here to enter text. |
| **First Time PI?** | Yes | No | | Click or tap here to enter text. | |
| **Co- Investigators (Co-I) *(please list adding name and organisation for each Co-I - as applicable)*** | Name (Organisation) | Click or tap here to enter text. | | | |
| **First Time Co-I?** | Yes | Name | | Click or tap here to enter text. | |
| Yes | Name | | Click or tap here to enter text. | |
| **Non-Academic Partners/Co-Applicants/Collaborators: *(inc. public, policy and practice)*** | Name (Organisation and Role) | Click or tap here to enter text. | | | |
| Commercial conflict of interest declaration  (if yes *please detail*) | | Yes  None | Click or tap here to enter text. | | |

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| **Fit with DECIPHer’s Programmes of Work *(tick all that apply)*** | | | | | |
| Healthy Public Policy | |  | Healthy Social Relationships | |  |
| Healthy Settings and Organisations | |  | Methodological Innovation in Public Health Intervention Science | |  |
| **Study Type *(tick all that apply)*** | | | | | |
| Feasibility Study | |  | Infrastructure | |  |
| Randomised Controlled Trial | |  | Fellowship / Studentship | |  |
| Observational (e.g. cohort, case-control) | |  | Intervention Development or Adaptation | |  |
| Evidence Synthesis | |  | Other *(please specify)* | |  |
| Qualitative Study | |  | Click or tap here to enter text. | | |
| **Study Description** | | | | | |
| Please provide a brief description of the study plan and attach the proposal if possible *(no more than 250 words, include a diagram if helpful)* | | | | | |
| |  |  | | --- | --- | | Background | Click or tap here to enter text. | | Sample (& No.): | Click or tap here to enter text. | | Methods | Click or tap here to enter text. | | Analysis | Click or tap here to enter text. | | Dissemination | Click or tap here to enter text. | | | | | | |
| **Patient & Public Involvement** | | | | | |
| Please briefly describe how Public Involvement..*. (100 words max):*  1) … has been undertaken in developing the study application, and  2) … will be undertaken when delivering the study*.* | | | | | |
| Click or tap here to enter text. | | | | | |
| **Funding Details and Timeframe** | | | | | |
| Funding Body | Click or tap here to enter text. | | Estimated Budget *(@100% fEC)* | Click or tap here to enter text. | |
| Funding Call *(inc. web link if possible)* | Click or tap here to enter text. | | | | |
| Is this Application: | Single Stage | | Multiple Stage (e.g with EOI, Outline) | | |
| Submission Date(s) | Expression of Interest (EOI) | | Click or tap here to enter text. | | |
| Outline Application | | Click or tap here to enter text. | | |
| Single / Full application | | Click or tap here to enter text. | | |
| Estimated Start Date | Click or tap here to enter text. | | | | |
| Estimated Duration | Click or tap here to enter text. | | | | |
| Date of Award *(if already funded)* | Click or tap here to enter text. | | | | |
| **Study Registration *(tick all that apply)*** | | | | | |
| Ethics Approval Sought | Yes | | No | N/A | |
| Ethics Panel | Click or tap here to enter text. | | | | |
| Added to HCRW Portfolio | Yes | | No | N/A | |
| Date added to HCRW Portfolio | Click or tap here to enter text. | | | | |
| **What Would You Seek from This Adoption Process *(tick all that apply)*** | | | | | |
| DECIPHer Staff Involved as PI or Co-I | |  | Support for Patient and Public Involvement | |  |
| Methodological Advice and Support | |  | Support for Policy and Practice Involvement | |  |
| Support for Participant Recruitment | |  | Use of SHRN Data Infrastructure | |  |
| Support for Dissemination and Impact | |  | Access to Short Courses/Training/Placements | |  |
| ALPHA Consultation | |  | Advice on addressing equality and diversity in research | |  |
| Other *(please specify*) | |  |  | |  |
| Click or tap here to enter text. | | | | | |

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| **Signed Declaration** | |
| I understand that if this activity is:  **Adopted or Affiliated** , it will be reported and publicised as a DECIPHer/SHRN supported study and I will notifying the DECIPHer research co-ordinator of any changes in project status (application submitted/funded/ rejected/in progress/completed)  **Adopted**, I will comply with the reporting requirements.   * Notifying the DECIPHer research co-ordinator of any outputs produced as a result of the supported project * Acknowledging the support of the research infrastructure in any publications/ outputs produced by the project with the following statement: “*This work was supported by The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) funded by Welsh Government through Health and Care Research Wales”* | |
| **Signed** Click or tap here to enter text. | **Date :**Click or tap here to enter text. |

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| **FOR ADMIN USE** | **DECIPHer** | **SHRN** |
| Submitted (Y/N/NA – dd/mm/yyyy) | Click or tap here to enter text. | Click or tap here to enter text. |
| Reviewed (Y/N/NA – dd/mm/yyyy) | Click or tap here to enter text. | Click or tap here to enter text. |
| Approved (Y/N/NA – dd/mm/yyyy) | Click or tap here to enter text. | Click or tap here to enter text. |

If you require any assistance completing this form or need to provide an update on adopted/affiliated studies, please contact:

the DECIPHer Research Co-ordinator, Lindsey Allan on **029 2087 5378** or [DECIPHERadoptions@cardiff.ac.uk](mailto:DECIPHERadoptions@cardiff.ac.uk)

or

* the School Health Research Network (SHRN) team on **029 2087 4433** or [SHRN@cardiff.ac.uk](mailto:SHRN@cardiff.ac.uk)