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

|  |  |  |
| --- | --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| **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

 or

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