



RESEARCH GOVERNANCE APPLICATION

Details of Researcher

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Research Ethics Reference Number:

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SHORT OR REFERENCE TITLE

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FULL TITLE

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Details of Local practitioners if any Involved in Research:

Name	Address

ATTACHMENTS

YES **NO**

Ethical approval from NHS Ethics Committee (including all paperwork)

Indemnity cover documentation

Complaint procedure for patients involved in research

Research proposal

Details of Sponsor (who will fulfil responsibilities outlined in appendix 1)

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Please detail any risks identified with regard to patients or NHS staff, including increased workload, posed by the research and the arrangements in place to manage the risks identified.

Risk	Management controls

How have any practitioners / research staff identified to be involved in the research been identified as having the required skills.

Unless the LHB is satisfied with the responses, the study cannot be given management approval. I confirm that these details are true and accurate

Signed _____ Date _____

Name _____

Position _____

CONTACT DETAILS

Organisation _____

POST CODE

Phone Number _____

e-mail _____