**Bliss’ support in research- Request form**

**In order for Bliss to determine if we can support your project please complete this form and return to Lucy Culshaw at research@bliss.org.uk**

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| **SECTION 1** | |
| **Contact details** | |
| **Name** |  |
| **Job title** |  |
| **Place of work** |  |
| **Email address** |  |
| **Tel number** |  |

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| **SECTION 2** | |
| **Project details** | |
| **Title of research project** | |
| **Stage of project** e.g. design / application / dissemination | |
| **Lay summary** | |
| **What are the potential benefits to babies and families following your study?** | |
| **If your project relates to pre-term birth which of the priorities identified by the James Lind Alliance priority does this proposed work address? A list of the priorities can be found at http://www.jla.nihr.ac.uk/priority-setting-partnerships/preterm-birth/top-10-priorities** | |
| **How have parents been involved in the development of your project?** | |
| **Please briefly describe the team and the expertise they have to meet the aims and objective of the project.** | |
| **Have you received funding for this project?** | If yes, please state who is providing the funding  If no, please state where you are hoping to receive funding from and what the timeframe is for the funding decision to be made. |
| **Have you received ethics approval?** |  |
| **What is your timeline for this project?** |  |
| **Will your findings be open access** |  |
| **Where did you find out about Bliss’ support for research?** |  |
| **Please declare any conflict of interests** |  |

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| **SECTION 3** |
| **Bliss’ support** |
| **What support would you like from Bliss?** Please refer to our **research investigator guidelines.** Please **tick** all that apply. Please note that a fee may be charged for our support depending on the level of involvement needed.  🞏 Co-applicant support (please fill out section 4)  🞏 Writing a letter of support  🞏 Reviewing application materials and parent information leaflets  🞏 Finding participants  🞏 Finding parents to assist with the design of research questions (please fill out section 5)  🞏 Finding parents to sit on a steering group (please fill out section 5)  🞏 Running focus groups/parent advisory groups if appropriate (please fill out section 5)  🞏 Assisting with the dissemination of results.  🞏 Other. Please specify: |

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| **SECTION 4** |
| **Co-applicant support** |
| **Total amount of funding being applied for** |
| **When is the deadline for applying funding?** |
| **Please outline whether you require a Bliss member of staff or a parent to be the co-applicant**  **Why is this?** |
| **Please describe the roles and responsibilities you would like Bliss or the parent to take on as a co applicant** |
| **If you would like Bliss to be a co applicant please tell us how your project would be affected if we were not to get involved?** |
| **Are there any expertise or experiences you wish the co applicant to have? (We will try to accommodate where possible)** |
| **What are the impacts and outcomes you envisage this involvement to have?** |
| **Please indicate the amount of time you would like the co applicant to commit (WTE)** |

**If you require assistance with sourcing parents to be involved in your project please complete section 5.**

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| **SECTION 5** | |
| **Parent involvement**  **If order for Bliss to assist you with sourcing parents for your project we require some further details about what you are looking for. This will enable us to source suitable parents for your project.**  Please note that we cannot guarantee that we will be able to find you suitable parents but we will use all our appropriate methods to advertise your request. | |
| **Number of parents needed** |  |
| **Type of involvement** | e.g. comment on document, attend meetings, consultation |
| **Method of involvement** | e.g. face to face, by phone, email |
| **Experience desired** | e.g. parents to a baby born at 27 weeks gestation, father |
| **What will the period, frequency of and time needed to be involvement be?** |  |
| **Will training be provided?** | Please give details |
| **Will expenses be paid?** | Please refer to our recommendations stated in our parent involvement guidelines  If yes – which expenses will you cover? |
| **How will parents involved in your project receive feedback on their involvement and the project outcomes?** |  |

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| ***Please sign here to declare that to the best of your knowledge the information given on this form is complete and correct.***  **Signature: Date:** |

**Please return this form to Lucy Culshaw at research@bliss.org.uk.**