**Application to undertake research within Department of People Services**

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| **Part 1: Overview** |
| **Title of Research Project** |  |
| **Research sponsor** | **Bolton Council**  | Yes / No |
| **Other (please state)** |  |

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| **Part 2: Details of researchers** |
| **Name of Principal Researcher** |  |
| **Job Title of Principal Researcher** |  |
| **Organisation of Principal Researcher** |  |
| **Email address of Principal Researcher** |  |
| **Name(s) of co-researchers (if applicable)** |  |
| **Job titles of co-researchers** |  |
| **Organisation(s) of co-researchers** |  |
| **Name of research supervisor (for student projects)** |  |
| **Job title of research supervisor** |  |
| **Organisation of research supervisor** |  |
| **Summary of researchers relevant experience** |  |

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| **Part 3: Summary of proposed research** |
| **Background**(including details of any similar previous research) |  |
| **Aims / objectives**(including how does it relate to Departmental priorities) |  |
| **Methods**(e.g. how will you select sample, how will you recruit /inform participants about the research, will participant be rewarded, how will data be collected, Does the approach take into account any specific needs of participants? Is there any potential risk or harm to participants?Have you considered whether the researchers would need to have DBS checks? Are there any conflicts of interest? How will data be stored? How will you ensure the data is kept confidential? Who will have ownership of the research results/reports? How will you deal with any complaints?) |  |
| **In which parts of the research, if any, have/will service users or carers be actively involved?**(By research in which service users or carers are ‘actively involved’ we mean research that is carried out **with** or **by** people who use services, rather than research that simply gathers information from participants.) | As user researchers  |  |
| As members of a research group |  |
| In commenting on documents |  |
| As members of a departmental or other wider research strategy group |  |
| None of the above |  |
| **Results / conclusions**(How will you make sense of data? How will you present the findings of the research? How will you use the research findings?) |  |
| **Feedback / dissemination**(How will you feedback research findings to participants? Who will you share the research findings with? How?) |  |
| **Any other relevant information** |  |

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| **Section 4: Funding / Resources / Timescales** |
| **Finance** | Who will fund the research? |  |
| **Council staff time** | How much council staff time would you estimate would be required?  |  |
| **Timescales** | Planned Start Date |  |
| Estimated Completion Date |  |
| **Approvals** | **Have you any other Research Governance approval/pending for this specific piece of work?** (If yes, please summarise) | Yes/No |
| **Have you any other Research Governance approval/pending for?** (If yes, please summarise) | Yes/No |

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| **Section 5: Risk Assessment** |
| (*Please identify the risk level for each criteria. If you identify high/medium risks ensure you include details of how these risks will be overcome in the space provided)* |
|  | **Risk Level i.e. High, Medium or Low** | **Steps taken to minimise any risk** |
| Participants are not able to give informed consent and are not able to withdraw from the research. |  |  |
| Researcher(s) not well qualified with little or no experience or knowledge of either the topic of investigation, the participants or the methods to be used |  |  |
| The topic and kinds of information being sought are likely to be regarded as highly personal or sensitive by those from/about whom it is being collected  |  |  |
| The methods are inappropriate/ the need for the study is not established/ the project does not have the resources to properly address the issues  |  |  |
| Participants data will not be kept confidential |  |  |
| There could be a conflict of interests for researcher given existing relationships with participants |  |  |
| Study is likely to be extremely sensitive |  |  |
| **Please summarise any other risks that you have identified below** |
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**Please submit this completed application form to** **socialcare.consultation@bolton.gov.uk****.**