# Appendix 3: Research Proposal Form

Please complete the Research Proposal form as fully as possible and in conjunction with the Risk Assessment tool. Please return documentation to the Assistant Director of Policy, Performance and Communities office on ([research@havering.gov.uk](mailto:research@havering.gov.uk)) or call 01708 431950 if you have any queries or require assistance.

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| Lead Name: |  | Job Title: |  |
| Organisation: |  | Team (Internal applicants Only) |  |
| Email Address: |  | Phone Number: |  |

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| Title of Research: |  | | |
| Start date: | Start Date | Estimated End Date: | Estimated End Date |
| What are the aims and objectives for the research? | |  | |
| What do you want to identify/achieve with the research? | |  | |
| How are you going to do the research? | |  | |
| Are you aware of any other work being carried out in this area or any previous research? If so, please provide further details. | | Yes  No  Further details | |
| Does the project involve any other Local Authorities? | | Yes 1 more  Yes 2 More  Yes 3 more  Yes 4+  No | |
| If the project involves four or more local authorities has a proposal been sent and approved by the Association of Directors of Children’s Service (ADCS) or the Association of Directors of Adult Services (ADAS)? | | Yes ADCS  Yes ADAS   No  N/A | |

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| Who will be involved? | |
| Please provide details of the participants who will be involved (e.g. people with disabilities, older people, vulnerable children / Children in Need): |  |
| Will stakeholders be involved in all stages of the study?  (i.e. research that is carried out with or by people who use services, rather than research that simply gathers information from participants) |  |

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| Methodology and Techniques: | |
| What research methods will you use in collecting your data? (e.g. online survey, telephone survey, face to face interview, case file audit, focus groups etc.) |  |
| Exactly what participant/user information is required? (Please provide as much detail as possible) |  |
| Are the participants known to the researcher? (If yes, in what capacity) | Yes  No  If yes, in what capacity? |
| Will information gathered be made anonymous or pseudonymous? | Yes  No |
| Will participation in the research be incentivised in any way? (if yes, how?) | Yes  No  if yes, how? |

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| Ethics and Risk: | |
| Is there any potential risk of harm to participants or yourself? | Yes  No |
| Where appropriate, will information be made available to participants in alternative format? | Yes Choose an item. No |
| How have you addressed equalities issues as part of your project?  (Where relevant has the research taken into account age, sex, disability, sexual orientation, race, marriage and civil partnerships, religion or belief, pregnancy and maternity, gender reassignment and language barriers in its design, undertaking and reporting?) |  |
| How will you obtain explicit informed consent from your target group?  (e.g. signed consent form) **Any templates will need to be agreed so please attach a copy to this proposal form**. |  |

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| Publication and Feedback: | |
| In what format will your findings be presented? |  |
| Are you intending to publish your findings?  **Please note** that any reports intended for publication must be approved by the RGP prior to publication | Yes  No |
| If you will be publishing your findings, where will the research be published? |  |

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| Supporting Documents: | | | |
| Please provide copies of the following documents (where appropriate) and any other accompanying information alongside the proposal form for the Research Governance Panel approval. | | | |
| ADCS / ADAS application/approval |  | Applications to other approving bodies |  |
| Approvals from other approving bodies |  | Copies of any questionnaires/Surveys |  |
| DBS checks |  | Interview/focus group questions |  |
| Participation information sheet /Consent forms |  | Previous research |  |
| Profile of lead researcher |  | Researchers confidentiality agreement |  |
| Research timetable |  | Topic List for informal discussions |  |
| Any other relevant information/documents. (Please specify) |  |  |  |

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| For Panel use only |
| Comments/requirements for further information: |

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| For internal applications only **(To be completed by Head of Service)** | |
| By returning this form electronically, I confirm that I have read the project proposal, proposal form and the associated risk assessment tool. I believe that with the measures proposed the project is a  Low  Medium  High  risk project.  I also confirm that the conditions have been satisfied for this project, and I would support this work being undertaken. | |
| Name: |  |
| Job Title: |  |
| Date: | Click here to enter a date. |