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**Severn Psychiatry Educational Evaluation Approval Form**

**Please submit to your Trust Director of Medical Education for approval**

**Project title**

Click here to enter text.

**Department**

Click here to enter text.

**Lead researcher** (Name, Grade, Base, GMC number/Student number)

Click here to enter text.

Undergraduate[ ]

Trainee doctor[ ]

Non Training grade doctor[ ]

**Any other researchers/ collaborators**

(Name, Grade, Base, GMC number/Student number)

Click here to enter text.

**Supervisor** (Name and Email)

Click here to enter text.

**Project outline**

1. Background reasons for evaluation, literature review and rationale

Click here to enter text.

2. Aims and objectives- what you’re going to do and how you’re going to do it

Click here to enter text.

3. Design- please include the following:

* Participants/ Data sample- who/ what will provide your data
* Tools used to collect data- please list and attach
* How you plan to collect data
* How you will analyse data

Click here to enter text.

4. Ethical considerations

* E.g. questioning leading to sensitive or significant disclosures. How will this be supported or managed?
* Will the research involve politically, culturally or socially sensitive topics?

Click here to enter text.

5. Maintaining confidentiality and data protection

* Describe how confidentiality will be maintained, and how data gathered will be stored and managed.

Click here to enter text.

6. Service user involvement

Yes [ ] No[ ]

If yes please give details. Please note: educational evaluation that involves patients, carers or Trust NHS staff in the clinical environment it will need to be registered with the Trust Quality Academy/Audit Department and subject to their governance approval.

Click here to enter text.

7. Funding details

Click here to enter text.

8. Reporting & dissemination strategy

Click here to enter text.

9. References

Click here to enter text.

**Supporting information**

Please provide any additional information in relation to your study here or as attachments

e.g data gathering tools

Click here to enter text.

**Proposed Start Date of Research**

Click here to enter text.

**Duration (months) and timetable**

Click here to enter text.

Is there any specific support you would like?

Click here to enter text.

**Approval by:**

(Name, Role, Date)

Click here to enter text.

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