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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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