**Research Sponsorship Intention to Apply Form**

**Please complete the information below as fully as possible.**

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| **Section 1 – Applicant Details** | | | | | | | | | | | | | | | | |
| Title/Name |  | | | | | | | | Principal employer: | | | | | | | |
| Work Address: |  | | | | | | | | | | | | | | | |
| Department |  | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | **Applicant holds UHS Substantive or Honorary Contract:** | | | | | | |
| Email |  | | | | | | | | | Substantive | Honorary | | | Applying | No | |
| Position |  | | | | | | | | | | | | | | | |
| **Section 2 – Funding details** | | | | | | | | | | | | | | | | |
| *Funding Body*  ***NB*** *If a grant is to be held by a commercial company please tick commercial company below and give further details.*  ***NB*** *If investigator led, commercial funding application please tick commercial company and give further details.* | | | | | | | | | | | | | | | | |
| National Institute of Health Research (NIHR) | | | |  | If NIHR which funding stream? e.g. Research for Patient Benefit | | | | | | |  | | | | |
| Medical Research Council | | | |  | Department of Health | | | | | | |  | | | | |
| Other Research Council | | | |  | Other Govt Dept | | | | | | |  | | | | |
| Research Charities | | | |  | European Union | | | | | | |  | | | | |
| Commercial Company | | | |  | Please give detail: | | | | | | | | | | | |
| Other, please state: | | | | | | | | | | | | | | | | |
| Particular Funding Call? | | | |  | | | | | | | | | | | | |
| Application Submission Deadline | | | |  | | | | | | | | | | | | |
| Stage 1 or Stage 2 Application? | | | | Stage 1  Stage 2 | | | Funding amount? (GBP) | | | | | |  | | | |
| Will UHS be lead Applicant? | | | | Yes  No | | | | If **No**, please specify which organisation will be lead: | | | | | | | | |
| Is UHS being requested to Sponsor? | | | | Yes  No | | | | If UHS is **not** lead applicant but **is** being requested to sponsor please justify request: | | | | | | | | |
| Please List Main Collaborators: | | | |  | | | | | | | | | | | | |
| **Section 3 – Study Details** | | | | | | | | | | | | | | | | |
| Study/proposal/program title | | |  | | | | | | | | | | | | | |
| Proposed dates | | Start Date: | | | | Overall End date: | | | | | Length of Follow-up: | | | | | |
| Lay Summary (no more than 500 words): | | | | | | | | | | | | | | | | |
| **Approximately how many centres do you anticipate becoming involved in the study?**  Where will the sites be located: Within the UK Outside UK  **If the study is multi-site is there a plan for the study to be managed by a Clinical Trials Unit (CTU) or Clinical Research Organisation (CRO)?** Yes No  *If ‘yes’ please provide the name of the CTU/CRO*  *If ‘no’ please describe how the study will be managed? i.e., study trial manager/coordinator.*  **Approximately how many participants do you anticipate being recruited to the study?** | | | | | | | | | | | | | | | | |
| **Is this a platform study?**  Yes No  ***If ‘yes’ please complete the following***  How many sub-protocols/sub-trials will be involved?  Will all sites be expected to complete all sub-protocols/sub-trials? Yes No  How many different drug suppliers will be involved? | | | | | | | | | | | | | | | | |
| **Section 4 – Study Identification** | | | | | | | | | | | | | | | | |
| *Please identify the category your study/proposal/program best fits.* | | | | | | | | | | | | | | | | |
| Clinical trial of an investigational medicinal product | | | | | | | | | | | | | | | |  |
| Clinical investigation or other study of a medical device | | | | | | | | | | | | | | | |  |
| Combined trial of an investigational medicinal product and an investigational medical device | | | | | | | | | | | | | | | |  |
| Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice | | | | | | | | | | | | | | | |  |
| Basic science study involving procedures with human participants | | | | | | | | | | | | | | | |  |
| Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology | | | | | | | | | | | | | | | |  |
| Study involving qualitative methods only | | | | | | | | | | | | | | | |  |
| Study limited to working with human tissue samples (or other human biological samples) and data (specific project only) | | | | | | | | | | | | | | | |  |
| Study limited to working with data (specific project only) | | | | | | | | | | | | | | | |  |
| Research tissue bank | | | | | | | | | | | | | | | |  |
| Research database | | | | | | | | | | | | | | | |  |
| Other study | | | | | | | | | | | | | | | |  |

**Please return this completed form to**

[sponsor@uhs.nhs.uk](mailto:sponsor@uhs.nhs.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For R&D Office Use Only** | | | | | |
| Sponsorship Portfolio Manager Comment: | | | | | |
| UHS to be named as sponsor on application form? | | | Yes | No | |
| PPI required |  | Clinical Research Network consulted | | |  |
| Division where CI/PI is based: | | | | | |
| Sponsorship Portfolio Manager Name: | | | | | |
| Signature | | Date | | | |