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| **Instructions** |
| Please complete this form and return, with any queries to Derval Reidy, Assistant Director of Nursing (ADON) at: reidyde@tcd.ie You will be contacted to arrange a short follow-up meeting to discuss the requirements for your study |

1. **Principal Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Speciality** | [Click to Select Specialty] |
| **Email** |  | **Phone No.** |  |
| **Department/****Work Address** |  |

1. **Project Details**

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| --- | --- |
| **Full Protocol Title**  | Click here to enter text. |
| **Study Title (Short)** | Click here to enter text. |

1. **Project Description**

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| **Please attach a copy of the current protocol and/ or a copy of the completed REC application form [ ]**  |

1. **Project Type:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Study** |[ ]  **Study Category** | Choose an item. | **If Other – please specify:** |
| **Clinical Trial** | [ ]  | **Trial Category**  | Choose an item. |  |

1. **Research Team** *including Sub-Investigators and other Research Staff*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Title / Role** | **Email** | **Contact Number** |
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1. **Type of Support Required** *(tick all that apply)*

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| **Nursing**  |[ ]  **Isolation Room (positive pressure)** |[ ]
| **Pharmacy Services**  |[ ]  **Statistical Support** |[ ]
| **Sample Processing/Laboratory Services**  |[ ]  **Data Management** |[ ]
| **Neurophysiology/EEG** |[ ]  **Regulatory Support** |[ ]
| **Exercise Physiology** |[ ]  **GCP Training** |[ ]
| **Clinic Room**  |[ ]  **Kitchen** |[ ]

1. **Applicant Details (if different from PI)**

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Contact Number:** |  | **Email:** |  |

1. **Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI/ Applicant Signature** |  | **Date:** |  |