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**Independent Peer Review**

This form should accompany a completed NHS IRAS form, and all relevant supporting documentation, for University Peer Review. Before submitting the application, please tick to confirm that each of the following has been included with the application. If all the relevant elements have not been completed or included, the application will be returned for appropriate action.

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| **Name of Researcher:**  |  |
| **Student Registration No** (If relevant)**:** |  |
| **Document** | **Enclosed** |
| Completed NHS IRAS Form | [ ] Yes   |
| Risk Assessment | [ ] Yes [ ] N/A  |
| Participant Information Sheet | [ ] Yes [ ] N/A |
| Participant Consent form | [ ] Yes [ ] N/A |
| Letter of invitation to participants | [ ] Yes [ ] N/A |
| Interview schedules | [ ] Yes [ ] N/A |
| Questionnaire | [ ] Yes [ ] N/A |
| Other supporting information e.g., tests, product information (please provide details under question 8 below) | [ ] Yes [ ] N/A |

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| **STUDY CATEGORY**Please select ONE from the list below  |
| Clinical trial of an investigational medicinal product | [ ]  |
| Combined trial of an investigational medicinal product and an investigational medical device | [ ]  |
| Clinical investigation or other study of a 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 | [ ]  |
| If your work does not fit any of these categories, please provide a definition here: |

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| Administrative Details |

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| Full title of the research  |  |
| Short title  |  |

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| Name of Researcher |  |
| Student No. (if relevant) |  |
| Course (if relevant) |  |
| Contact Address |  |
| Telephone |  |
| Email |  |
| Name of Supervisor (if relevant) |  |

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| **Other Members of the Study Team** *For student applications, the supervisor should be stated as the ‘Chief Investigator’ in the IRAS form. This can be confirmed below.**Please keep adding to this section if you need to state more than three additional members.* |
| Name:Post:Organisation:Role in Study:Name:Post:Organisation:Role in Study:Name:Post:Organisation:Role in Study: |

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| **Brief overview of study** (no more than 300 words)*This can be taken from the IRAS form* |

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| **RESEARCH DESIGN**Please select ALL that apply  |
| Case series/ case note review | [ ]  |
| Case control | [ ]  |
| Cohort observation | [ ]  |
| Controlled trial without randomisation | [ ]  |
| Cross-sectional study | [ ]  |
| Database analysis | [ ]  |
| Epidemiology | [ ]  |
| Feasibility/ pilot study | [ ]  |
| Laboratory study | [ ]  |
| Meta-analysis | [ ]  |
| Qualitative research | [ ]  |
| Questionnaire, interview or observation study | [ ]  |
| Randomised controlled trial | [ ]  |
| If your work does not fit any of these categories, please state your research design here: |

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| **STUDY TIMETABLE** |
| Start Date: |  |
| End Date: |  |
| Duration (years and months): |  |

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| **FUNDING** |
| Has funding for the research been obtained? | [ ] Yes [ ] No  |
| Is funding for this research being sought? | [ ] Yes [ ] No  |
| If ‘yes’ to either question above, please provide details: |  |

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| Name of Sponsor: Staffordshire University |
| I confirm that the information submitted in this application is complete and correct and this project will be conducted in accordance with Research Governance requirements.SIGNED …………………………………………………….. (Researcher) |

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| Supervisor signature (if relevant) |
| I confirm that I have read the application and supporting materials and am happy for this to proceed to peer review.SIGNED …………………………………………………….. (Supervisor) |

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| **NHS SITE-SPECIFIC APPROVALS** |
| I confirm that relevant NHS Trusts/organisations have been contacted and have indicated that they are able to accommodate this research, pending University and HRA approvals.SIGNED …………………………………………………….. (Researcher)*Additionally for student applications*:SIGNED…………………………………………………….. (Supervisor) |

*Supporting documentation, such as information sheets and consent forms, can be added here:*