**Bradford Council Adult Social Care Directorate**

**Research Approval Process (RAP) Application Form**

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| **Application Details** |
| Research Title: |
| **Please provide details for the Principal Investigator / Researcher** |
| Full Name: |
| Institution address: |
| Email: |
| Telephone: |
| Employer: |
| Role: |
| Qualifications (including course title and date of attainment): |
| Brief details of previous relevant research conducted: |
| **Additional Researchers (please provide the below information for each additional researcher using supplementary sheets of paper if required)** |
| Full Name: |
| Institution address: |
| Email: |
| Telephone: |
| Employer: |
| Role: |
| Qualifications (including course title and date of attainment): |
| Brief details of previous relevant research conducted: |

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| **Research Proposal** | |
| **Please provide a short outline for your research proposal (max 3 – 4 pages and include these in your supporting documents against the assigned number).** | |
| Please include details of:   1. Aims and objectives 2. Intended audience 3. Your role and the role of others in your research team 4. Your opening hypothesis 5. Proposed research methodologies including how you will identify and recruit participants 6. Funding arrangements 7. Expected outcomes | |
| **Please provide the timescales for this research project including details of the different stages of the project** | |
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| **Is this research proposal (please tick)** | |
| A component of a university qualification the lead researcher is undertaking |  |
| Intended to inform or direct service improvements and will be conducted by BMDC staff only |  |
| Intended to inform or direct service improvements and will be conducted independently of BMDC |  |
| Other (please specify): | |

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| **Monitoring and Supervision** | |
| **Please provide details of any relevant Head of Service or above who has seen and supports this proposal (optional for external research applicants)** | |
| Full name: | |
| Service area: | |
| **Please provide details of the project sponsor (this is usually the person taking responsibility for ensuring the design, conduct and reporting of the project meet all appropriate standards including ethical and information security)** | |
| Full Name: | |
| Address: | |
| Email: | |
| Telephone: | |
| Employer: | |
| Role: | |
| **Please provide details of the supervision and monitoring arrangements which will be in place during the course of this study** | |
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| **Risks** | |
| **For external (non-BMDC) research applicants, please confirm whether the proposal has undergone or is scheduled to undergo an independent ethics/methods review? If yes, please provide with the application evidence that the ethics/methods review has approved the research proposal (e.g. a letter of approval from a research ethics committee, minutes from the meeting where the research was considered by a research ethics committee). If no, the above process must be undertaken before the research proposal can move forward. If the project is scheduled to undergo a review, please provide the date of this review.** | |
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| **Does this research proposal involve more than 4 local authority services? If yes, has approval been sought from the Association of Directors of Adult Social Services? (**[**https://www.adass.org.uk/research**](https://www.adass.org.uk/research)**)** | |
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| **Have the researchers involved in this project had the appropriate Criminal Records Bureau checks? If yes, please state Disclosure and Barring (DBS) reference numbers:** | |
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| **How will consent to participate be obtained from participants? I.e. will this be informed consent?** | |
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| **What are the arrangements to allow participants to withdraw from the study?** | |
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| **Will service users be compensated/incentivised for their participation (best practice guidance from the NIHR here:** [**https://tinyurl.com/yahx4z4x**](https://tinyurl.com/yahx4z4x) | |
|  | |
| **What arrangements have been made for participants who might not adequately understand verbal explanations or written information given in English or who have special communication needs?** | |
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| **What time commitment (hours per week) do you require per Council officer participating in this study and for what length of time?** | |
|  | |
| **What time commitment (hours per week) do you require per service user participating in this study and for what length of time?** | |
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| **Risks Part two**  **Data / Information Security** | |
| **What security measures will be applied during transmission to the researcher, to ensure:** | **What security measures will be applied afterwards by the researcher, to ensure:** |
| The data is protected and secure as in line with the BMDC information security statement: https://www.bradford.gov.uk/open-data/data-protection/information-security-statement/ | The data is protected and secure as in line with the BMDC information security statement: https://www.bradford.gov.uk/open-data/data-protection/information-security-statement/ |
| There is no unauthorised access to, or disclosure of the data (i.e. how will the data gathered during the course of the research be stored?) | There is no unauthorised access to, or disclosure of the data (i.e. how will the data gathered during the course of the research be stored?) |
| Who will have access to the data during the project? | Who will have access to the data following completion of the project? |
| What will happen to the data if the research project cannot be completed for any unforeseen reason (illness, change of position etc.)? | What will happen to the data if the research project cannot be completed for any unforeseen reason (illness, change of position etc.)? |
| Data is protected from loss or corruption (i.e. data quality is maintained) | Data is protected from loss or corruption (i.e. data quality is maintained) |
| No data subject suffers any detriment as a result of the research (i.e. Is the information intended to be gathered during the research anonymous? If not, will it be made anonymous for reporting purposes (data can be pseudonymised if necessary)) | No data subject suffers any detriment as a result of the research (i.e. Is the information intended to be gathered during the research anonymous? If not, will it be made anonymous for reporting purposes (data can be pseudonymised if necessary)) |
| Published results do not identify (or allow to be identified) any of the data subjects | Published results do not identify (or allow to be identified) any of the data subjects |
|  | How long will data be kept before being destroyed? |
| **Results and Dissemination** | |
| **What impact will your research have on the topic being researched?** | |
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| **How will the research results be made available to the local authority (i.e. Head of Service) and the research participants?** | |
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| **Declaration** | |
| **Please indicate below any relationship, personal or professional, which you may have with a staff member or potential participant that may affect your research along with any commercial interest.** | |
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| **Checklist of documents prior to submission** | |
| * Completed Research Approval Process application form * Completed Research Governance Self-Assessment Risk Tool * Copy of consent forms for intended participants * Copy of letters to participants * Copies of any interview questions/ questionnaires/ surveys etc * Copy of any approvals from outside bodies e.g. ADASS approval for research covering multiple Local Authority sites * Researcher’s liability insurance details * Any other relevant information | |
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| To the best of my knowledge the information provided in this application and any supporting information is accurate at the time it was submitted to the Research Access Committee. If any significant changes are made to the research I will inform the Research Access Committee at the earliest opportunity. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality if personal data held on participants, including the need to register with the appropriate Data Protection Officer.  Signature……………………………………………………………………………..  Date………………………………………………………………………………….. | |

Please return the completed form, along with the Research Governance Self-Assessment Risk Tool, and any supporting documentation, to:

[HDRC@bradford.gov.uk](mailto:HDRC@bradford.gov.uk)