 

**Service Evaluation / Development Project Registration Form**

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| **PART A – EVALUATION OVERVIEW** | |
| **FULL TITLE OF PROJECT:** Click here to enter text. | |
| **LEAD APPLICANT** (Person designing the project/main contact).   |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. | | |
| **PROJECT START DATE:** | Click here to enter text. |
| **PROJECT END DATE:** | Click here to enter text. |
| **WHICH CLINICAL DIRECTORATE DOES THIS RELATE TO?** Click here to enter text. | |
| **STUDENT PROJECT**   |  |  |  |  | | --- | --- | --- | --- | | **Are you undertaking this project as part of an educational qualification?** (Yes or No) | | | Choose an item. | | **If yes, please enter the course details below:** | | | | | **Course title** | **Name and address of institution** | **Name and contact details of tutor/supervisor** | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | |

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| **PART B – PROJECT TEAM (**(please list all members of the evaluation team i.e. anyone involved in the evaluation activity) |
| |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. |  |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. |  |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. |  |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. |  |  |  | | --- | --- | | Name: | Click here to enter text. | | Address: | Click here to enter text. | | Telephone: | Click here to enter text. | | E-Mail: | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. | |

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| **PART C – EVALUATION DESCRIPTION** |
| **Evaluation aims and objectives**  **(please describe the main aim and background to project )**  Click here to enter text. |

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| **PART D – EVALUATION METHODS** |
| **Who are the participants? How many people do you plan to recruit?**  **(staff and service users)**  Click here to enter text. |
| **How will they be recruited and who will invite them to take part? e.g. by email, at a team meeting, poster display**  Click here to enter text. |
| **How will you seek consent? Who will do this?**  **(Please provide copy of information sheet and consent form)**  Click here to enter text. |
| **What methods will you use to collect the data?**  **(Please provide all data collection tools – for example, questionnaires, interview topic guide etc.)**  Click here to enter text. |
| **How will the data be analysed?**  Click here to enter text. |
| **How will you ensure the confidentiality of personal data?**  Click here to enter text. |
| **How will data be stored?**  **(Please outline the physical and electronic security arrangements for storage of personal data during the study)**  Click here to enter text. |
| **How will you feed back the results of this evaluation to participants and the Trust?**  Click here to enter text. |

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| **PART E – SIGNATURES** | |
| Please obtain management agreement. This should include agreement from the appropriate manager; for example line manager, service manager or Associate Director | |
| **Manager authorisation: I agree that this service evaluation/development can take place.** | |
| |  |  | | --- | --- | | **Print name:** | Click here to enter text. | | **Job title:** | Click here to enter text. | | **Address:** | Click here to enter text. | | **Telephone:** | Click here to enter text. | | **E-Mail:** | Click here to enter text. |  |  |  |  | | --- | --- | --- | | Are you employed by LYPFT? (Yes or No) | Choose an item. | | | If not, do you hold an Honorary Contract with LYPFT? (Yes or No) | | Choose an item. | | |
| **Signature** (See note below\*)  Click here to enter text. | **Date:**  Click here to enter text. |

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| **Lead Applicant** | |
| **Print Name:** Click here to enter text. | |
| **Signature** (See note below\*)  Click here to enter text. | **Date:**  Click here to enter text. |

**\*Signatures:** Please note that we require a signature or confirmation email from the lead applicant and the authorising manager. It is not sufficient to simply type names here.

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| **PART F – SUPPORTING DOCUMENTS** | |
| Please submit (where applicable) the following documentation in support of this registration: | |
| **Document** | **Please indicate if included** |
| Service Evaluation Proposal | Click here to enter text. |
| Participant Consent Form | Click here to enter text. |
| Participant Information Sheet | Click here to enter text. |
| Questionnaire | Click here to enter text. |
| Interview Topic Guide | Click here to enter text. |
| Other (please list)  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| Return completed form to: [research.lypft@nhs.net](mailto:research.lypft@nhs.net)  R&D Department, St Mary’s House, St Mary’s Road, Leeds, LS7 3LA  Telephone: 0113 295 2387 |