 

**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).

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| 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. |

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| 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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| **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**

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| **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) |
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| Name: | Click here to enter text. |
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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.** |
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| **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. |

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| **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.netR&D Department, St Mary’s House, St Mary’s Road, Leeds, LS7 3LATelephone: 0113 295 2387 |