**Sponsorship Application Form**

**In order to apply for Sponsorship please ensure you read and understand SOP004 – STHK Sponsorship and writing a protocol before submitting your application.**

To apply for sponsorship the Chief Investigator must complete the form below and return to [research@sthk.nhs.uk](mailto:research@sthk.nhs.uk) as soon as possible.

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| --- | --- | --- | --- | --- |
| **Full Title of Study** *(succinct & accurate)* | | | | |
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| **Short Title of Study** | | | | |
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| **Chief Investigator -** *Name, title and contact details (including work base address and email address) – Must not be a student or doctor in training.* | | | | |
|  | | | | |
| **Chief Investigator’s Employer –** *full official name and address of organisation* | | | | |
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| **Where do you plan to conduct your research –** *Please tick all that apply* | | | | |
| St Helens & Knowsley Teaching Hospitals NHS Trust -  Whiston Hospital  St Helens Hospital | | | | |
| **Do you intend to add any other sites?** *If so, please state how many and name the sites currently known* | | | | |
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| **What is the sample size required for this study?** | | | | |
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| **Study Duration** – *state recruitment period, follow up period and full study duration* | | | | |
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| **Study Summary** - *Please attach the protocol as an Intention to Sponsor cannot be confirmed without this*. | | | | |
| **Which Departments within the trust will be involved in this study?** *All Clinical Directors must be aware of any research happening within their departments; therefore, your early engagement with these departments would avoid any delays. Please list all contacts if you have already approached/discussed.* | | | | |
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| **Type of Study -** The trust does not currently sponsor Clinical Trials of Investigational Medicinal Products (CTIMPS) or studies involving Non-CE Marked Devices. | | | | |
| Clinical Investigation of other study of medical device (CE Marked 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 database | | | |  |
| Other study | | | |  |
| **Does this study have any financial implications?** The cost of the study must be fully considered therefore if you are using any trust equipment/premises/resources/staff (yourself included) this must be listed below with an explanation of how this cost will be covered. | | | | |
|  | | | | |
| **As Chief Investigator I confirm that -**   * **I am applying for STHK sponsorship for the above-named research study.** * **I have considered all aspects of this research study and I am confident that the costings mentioned above (for the full research study) are correct.** * **I understand that as the Chief Investigator for this study I will be expected to keep a full overview on this study and sign an Investigator Declaration.** | | | | |
| **Print Name** |  | | | |
| **Signature** |  | **Date** |  | |