

**The Cleft Collective Research Proposal Form**

**Collaborator’s outline proposal of a project to use existing Cleft Collective data and/or biological samples.**

**1. Applicants**

|  |  |  |
| --- | --- | --- |
| Principle applicant | Name: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Telephone: |  |
|  | Address: |  |
|  |  |  |
|  |  |  |
| Co-applicants | Names: |  |
|  |  |  |
|  |  |  |

**2. Project**

|  |  |
| --- | --- |
| Project title (no more than 120 characters with spaces): |  |
| Start date: |  |
| End date: |  |

**3. Funding**

|  |  |
| --- | --- |
| Has the project been or will it be peer reviewed? | Yes  No |
| If yes, by what organisation? |  |
| Has funding been sought? | Yes  No |
| Has the funding been secured? | Yes  No |
| If no, what is the deadline for application to the funder? |  |
| Funding body: |  |

**4. What is being requested?**

|  |  |
| --- | --- |
| Questionnaire data |  |
| Biological sample data |  |

**5. Justification**

Please state below the rationale for using Cleft Collective data for this study.

|  |
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|  |

**6. Ethical approval**

|  |  |
| --- | --- |
| Does the study have ethical approval from a recognised Institutional Review Board / Ethics Committee? | Yes  No  N/A |
| If yes, please append a copy of the approval. | |
| If no, please specify arrangements for obtaining appropriate approvals: | |

**7. Laboratory analysis**

If the study involves analysis of biological samples, please give details of the laboratory where analysis will be carried out. Also please provide a list of all proposed genetics or biological analysis and the data which will be generated from these samples, in the box below.

|  |  |
| --- | --- |
| Laboratory: |  |
| Contact person in laboratory: |  |
| Is this laboratory covered by a HTA licence? | Yes  No  N/A |
| If ‘Yes’, please give contact details of the designated individual: |  |

|  |
| --- |
| Outline of genetic and/or biological analysis and the data which will be generated from these samples: |

**8. Scientific outline**

Please provide a 1 page outline of your proposal, highlighting the specific requirements of your project for The Cleft Collective data you have specified.

|  |
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|  |

**9. Agreement**

Please sign below to confirm your agreement to the terms and conditions set out in this document and to certify that the details you have provided are correct.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Name (on behalf of applicants) |  |

If you are sending this form by email then you should note that in the absence of this signature, the emailing of this proposal constitutes your personal certification that the details are correct.

Please send completed forms to: cleft-collective@bristol.ac.uk

**The Cleft Collective Team  
March 2014  
Version 1.0**