# support request FORM

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|  |
| CONTACT INFORMATION |
| Name: |   | Mr [ ]  Miss [ ]  Mrs [ ]  Ms [ ]  Dr [ ]  Prof [ ]  |  Organisation: |  |
| Job Title: |  |
| Contact tel no:  |  | E-mail:  |  |
| Project details |
| Topic/title:  |  |
| Brief summary:  |  |
| What stage is your project at?[ ]  Exploratory[ ]  Proposal development[ ]  Data collection [ ]  Analysis[ ]  Dissemination | Do you intend to apply for funding?[ ]  No [ ]  Yes |  | Stage of grant application(if applicable) ? |
| [ ]  | Preparing outline |
| [ ]  | Full submission |
| [ ]  | Resubmitting |
| If applicable, please indicate intended funder:[ ]  National peer review grant/charity [ ]  Commercial [ ]  Within local NHS [ ]  Unknown [ ]  Other       |
| Do you have any deadlines? [ ]  No [ ]  Yes  |
|  |
| support required |
| [ ]  Meeting (usually recommended) [ ]  Tel. Appt [ ]  E-mail [ ]  Letter[ ]  Presentation [ ]  Other:       |
| What support are you looking for? (Please indicate all that apply)  |
| [ ]  | Identifying potential funding | [ ]  | Study design | [ ]  | Sample size | [ ]  | Peer review |
| [ ]  | Quantitative research methods/statistical analysis | [ ]  | Qualitative research methods | [ ]  | Training/workshop | [ ]  | PPI |
| [ ]  | Trial management | [ ]  | Ethics | [ ]  | Linking BU & NHS | [ ]  | Other      |
| **Please return this form to:** **bucru@bournemouth.ac.uk** |
| PLEASE ALSO ATTACH ANY RELEVANT DOCUMENTATION, SUCH AS DRAFT PROTOCOL OR MANUSCRIPT |
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