

**PVCR Application**

**Form for Cancer Researchers**

**Requiring Patient Input to Research**

*-Facilitating a two way dialogue-*

This form is a word document and may be filled in on your computer and emailed to us **or** may be printed, filled out in ink and posted. Please send the completed application form **via email to** [patientvoicecancer@ucd.ie](mailto:patientvoicecancer@ucd.ie) **or post** to Elaine Quinn, Patient Voice in Cancer Research (PVCR), UCD Conway Institute, University College Dublin, Belfield, Dublin 4.

If you require further information, please contact a PVCR team member on (01) 7166809.

**The Patient Voice in Cancer Research (PVCR)**, is an initiative **to actively engage** cancer patients, cancer researchers and other interested parties (patient advocates, families, carers and health care professionals, policy makers and those with an interest in cancer research) in discussions and decision making processes which positively impact on cancer research, cancer treatment and outcomes for patients.

If your research/event would benefit patients directly and contribute to the growth of this initiative, we would be happy to hear from you. Please fill out the application form below.

On receipt of your application, it will be reviewed by the PVCR management committee and we will contact you within a week of its decision regarding your request for engagement with PVCR members. Please note that additional information may be requested and a minimum time of 4 weeks is required for application review and approval.

1. **Personal contact details**

**1a.** **Name**

**1b. Email address**

**1c. County/Town of residence**

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1. **Outline and impact of the research project**

Please tell us a little about your research project and how it will impact the participants you are hoping to engage? (200 words max). If you would also like to include a brief overview of your research team with optional photos, you may attach that as a separate document

1. **What are the potential benefits to participants taking part in this research?**

(100 words max)

**4. Participants Role**

Please provide exact details of what will be required of participants involved with this research (*for example, number of meetings, attending in person or by phone/email, broad workload),* (100 words max).

**5. Expenses and time commitment**

Please provide details (if any) of how travel expenses for those taking part could be supported along with a description of the approximate total time commitment required by participants.

**Declaration**

The PVCR requires that on completion of participant involvement, applicants submit a short one page report on how the PVCR involvement has impacted on them and their research and what potential impact this has had for participants and patients. For our reporting procedures, we ask that PVCR is acknowledged for their participation with the following wording:-

*‘We would like to acknowledge the support given to this application (specify grant, questionnaire etc) by the Patient Voice in Cancer Research (PVCR)’ - insert PVCR logo.*

We also require that all our applicant researchers give written feedback on the research they have engaged with PVCR members on within 3 months of completion of participant involvement and that all PVCR participants are thanked and acknowledged for their contribution by email/letter.

I accept these conditions and declare that the information that I have given is, to the best of my knowledge or belief, true and complete.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**