

**Summary Proposal**

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| **Principal investigator**: | **Name** |  |
| **Affiliation(s)** |  |
| **Email address** |  |
| **Telephone** |  |
| **Co-investigators**  *(add rows if needed)* | **Name & affiliation** |  |
| **Name & affiliation** |  |
| **Name & affiliation** |  |
| **Name & affiliation** |  |

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| **Proposed title:** |  |
| **Summary of work already done**  *(100 words max)* |  |
| **What support do you need from the RSTN?** | **Exposure** (i.e. the RSTN mailing list, website advertisement, etc)**:** Yes  No  **Systematic Review**: Yes  🡪 what stage is this at?  No  🡪 why?  **Survey of clinician opinion**: Yes  🡪 what stage is this at?  No  🡪 why?  **Audit of current practice**: Yes  🡪 what stage is this at?  No  🡪 why?  **Design of definitive research study:** Yes  🡪 what stage is this at?  No  🡪 why?  **Other** (please detail): |

|  |  |
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| **Primary research question** |  |
| **Background** *(100 words max)* |  |
| **Primary outcome** |  |
| **Secondary outcomes** |  |
| **Proposed study design**  *(100 words max)* |  |
| **What funding is secured for this work, if any?**  *(100 words max)* |  |

*Please send your competed form to* [*rstnteam@gmail.com*](mailto:rstnteam@gmail.com) *with a short (2-page) CV for the Principal investigator. Documents will be reviewed by members of the RSTN Committee and a decision communicated as soon as possible.*