

**Summary Proposal**

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

|  |  |
| --- | --- |
| **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): |

|  |  |
| --- | --- |
| **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* *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.*