**PRACTICE AWARD**

Please send completed applications to [GPresearchawards@nihr.ac.uk](mailto:GPresearchawards@nihr.ac.uk) by 23:59 on **30 June 2021.**

* Do not send any additional information as the panel will only review information contained within the form
* Please note the word limit for each section
* The questions below all relate to the time period **01 Jan 2020 through 30 June 2021**

|  |  |
| --- | --- |
| **Field** | **Your answer** |
| Name | Your answer |
| Job title | Your answer |
| Submitted on behalf of | *Name of practice/address* |
| CCG Name | Your answer |
| Practice Code | Your answer |
| LCRN | Your answer |
| Email | Your answer |
| Telephone | Your answer |

I confirm I am a Member/Fellow of the RCGP working at this practice

☐

RCGP Membership No:

Within the timeframe highlighted above, please describe, with examples, how your practice has increased its participation in CRN clinical research and made a significant ‘measurable’ step change in the local environment for research. **WORD LIMIT = 500 words**

Please describe, with examples, how the public and patients have been engaged and informed about new opportunities to participate in CRN clinical research during the timeframe highlighted above.

**WORD LIMIT = 500 words**

Please provide details of CRN portfolio studies supported **between 1 January 2020 and 30 June 2021** by your practice.

| **Study CPMS ID** | **Study Acronym** | **Commercial (C) or Non-commercial (NC)** | **Practice’s recruitment target (if applicable)** | **Participants recruited by the practice** | **Current status**   * **Set-up** * **Open** * **Follow-up** * **Closed** |
| --- | --- | --- | --- | --- | --- |
| Your answer | Your answer | Your answer | Your answer | Your answer | Your answer |

What activities do you plan as a practice to improve CRN research delivery going forward? **WORD LIMIT = 300 words**

**Applicant’s Declaration**

I have read and agree with the application guidance document and the information given on this form is complete and correct. (check box) ☐

I agree that this form can be shared with the judging panel, whose members will be drawn from the NIHR Clinical Research Network and Royal College of General Practitioners, for the purpose of judging entries for the award. If the application is successful, the information contained within this application can be retained by all stakeholder parties and used in communications about the award scheme. If the application is not successful, panel members will be required to delete the form and any associated data as soon as a decision has been formally announced to the public. ☐

Your contact details will be kept in order to liaise with you throughout the award application and review process. If your application is nominated to be “highly commended” or determined the “winner”, then you will be requested to supply further details for invitation to the award ceremony. If your application is determined the award winner, there is an expectation that you or another RCGP member of the practice will attend the award ceremony. ☐

**Applicant’s signature**

**Please add your signature**