**NIHR CRN, McPin and MQ: Mental Health Research Service User and Carer Involvement in Mental Health Research Awards 2022**

Please read the accompanying guidelines on the website before completing this form. The deadline for submissions is **23:59 on 11 February 2022**. Please returns forms to **crnmcpinmqawards@nihr.ac.uk**  
The pages will expand as you type but please note the word limit for each section.

**Section 1:** Study details

|  |  |
| --- | --- |
| **Full study title** | Your answer |
| **Study Acronym** | Your answer |
| **Chief Investigator** | Your answer |
| **CPMS ID (if known)** | Your answer |
| **Current study status** | Your answer: Set up/recruiting/not recruiting/closed |
| **Study summary** | Your answer |

**Section 2:** Applicant details

|  |  |
| --- | --- |
| **Name of Applicant** | Your answer |
| **Job Title/Role within the study** | Your answer |
| **Role within the study** (for example, member of the study service user advisory group, principle investigator, etc) | Your answer |
| **Telephone** | Your answer |
| **Email** | Your answer |

**Section 3:** Details of service user and carer involvement (200 word limit for each question)

**Please tell us about the service user and carer involvement in your study. Where the study has not yet been completed, please outline your plans for their involvement, including evidence of feasibility (e.g. costing plans, time allocation, pilot study).**

**a) at the proposal stage (200 word limit)**

**b) during the set-up (200 word limit)**

**c) during recruitment (200 word limit)**

**d) In the dissemination of study findings (200 word limit)**

**Please tell us about the resources and supports that you have dedicated to service user and carer involvement in your study. (200 word limit)**

**What impacts have service user and carer involvement had on your study so far? (200 word limit)**

**Please tell us about any challenges you have faced/ envisage facing in involving service users and carers in your study and how you have addressed these. (200 word limit)**

**Section 4:** Is there anything else that you would like to say? (300 word limit)

**Section 5:** Can you tell us about the experiences of carers or service users in the study? (300 word limit)

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| **Applicant’s Declaration** | **Your Answer** |
| I have read and agree with the application guidance document and the information given on this form is complete and correct. | Yes/No (delete as applicable) |
| I agree for this form to be shared with the judging panel, whose members will be drawn from the NIHR Clinical Research Network, the McPin Foundation, and MQ: Mental Health Research, 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. | Yes/No (delete as applicable) |
| 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 a possible “winner”, then you will be requested to supply further details for invitation to the award ceremony. You will also be asked to provide details of any service user or carer whose stories/quotes/cases have supported your application. These should only be provided where the service user or carer has specifically given their consent with regard to this application.  If nominated as an award winner, there is an expectation that you as the applicant and any service user and/or carer representatives cited in your application will attend the award ceremony. You are required to ensure you have the necessary consents to use any personal identifiable data in your short presentation at the ceremony. You may be asked to provide proof.  I confirm that I understand these requirements for contact details and consent to use personal data of service users and carers. | Yes/No (delete as applicable) |
|  |  |

Date:

Applicant’s signature:

Chief Investigator’s signature (if not applicant):