**Are you applying to use CRIS for research, audit, service development / evaluation or quality improvement?**

[ ]  Research

[ ]  Recruitment (Consent for Contact – C4C)

[ ]  Audit

[ ]  Service Evaluation/ Development

[ ]  Quality Improvement

About You

**First Name:**

**Last Name:**

**Email:**

If possible, please provide an NHS or university email address

**Job Title:**

**Department:**

**Organisation:**

**Applicant’s ORCID:**

Register here: https://orcid.org/register

**Do you have a substantive or honorary contract with SLaM?**

[ ]  Substantive SLaM Contract

[ ]  Honorary SLaM Contract

[ ]  KHP Passport

[ ]  Research Passport / Letter of Access

[ ]  Contract Pending

[ ]  Other SLaM Affiliation (*please state)*:

About Your Project

**Project Title:**

**Lay Summary:**

Please provide just one sentence summarising the reasoning behind the project, and just one sentence describing what the project will do (max 750 characters)

**Objectives of the analysis**

**Rationale for the analysis**

i.e. anticipated benefits / useful knowledge will arise from the results

**Types of variables you envisage using to define groups**

**Types of variables you envisage needing as outputs**

**What steps will be taken to avoid de-anonymisation when using CRIS?**

e.g. from any combinations of variables which might identify individuals in your output.

*To be completed for C4C projects only.*

**Research Ethics Committee approval number (REC approval number):**

**Date of REC approval:**

**REC Expiry Date:**

**IRAS ID:**

**SLaM Research and Development (R&D) reference number:**

**Date of SLaM R&D approval:**

**Quote statement which explicitly states that your project is covered to approach clients who have given consent to be approached for recruitment purposes:**

*To be completed for all projects*

**Will your project require linking CRIS data to one of the external datasets held by the SLaM secure Clinical Data Linkage Service (CDLS)?**

e.g. HES (acute hospital admissions, outpatient, and A&E attendance), cause of death data, etc.? If yes, please state.

[ ]  Yes *(Please state below)*

[ ]  No

**Please state which dataset your project will require linkage to**

i.e. HES, Mortality, etc.

**Names of anyone else who will be involved in CRIS use for this project**

Anybody accessing CRIS data must have a contract with SLaM.

*Please provide the following information for each person on the project.*

**First Name:**

**Last Name:**

**Email:**

**Job Title:**

**Organisation:**

**ORCID:**

**Type of SLaM Contract:**

[ ]  Substantive SLaM Contract

[ ]  Honorary SLaM Contract

[ ]  KHP Passport

[ ]  Research Passport / Letter of Access

[ ]  Contract Pending

[ ]  Other SLaM Affiliation (*please complete question below)*

**If Other SLaM Affiliation, Please State:**

Supervisor Details

Please provide details of your supervisor.

Please note, we would like the details of the supervisor for the project you’ve detailed in this application - this may not necessarily be your line manager.

**Are you applying as the supervisor?**

[ ]  Yes *(please complete below)*

[ ]  No *(please complete supervisors’ details)*

**If yes, please indicate your level of clinical and/or academic seniority:**

**Supervisor’s First Name:**

**Supervisor’s Last Name:**

**Supervisor’s Job Title:**

**Supervisor’s Organisation:**

**Supervisor’s Email Address:**

**Supervisor’s ORCID:**

**Type of SLaM Contract:**

[ ]  Substantive SLaM Contract

[ ]  Honorary SLaM Contract

[ ]  KHP Passport

[ ]  Research Passport / Letter of Access

[ ]  Contract Pending

[ ]  Other SLaM Affiliation (*please state)*

**Other SLaM Affiliation Details:**

**King’s Health Partners (KHP) employment:**

All CRIS projects must have a least one collaborator who is an employee of King’s Health Partners (KHP), i.e. King’s College London University, South London and Maudsley NHS Foundation Trust, King’s College Hospital NHS Foundation Trust, Guy’s and St Thomas’ NHS Foundation Trust

[ ]  I (the lead applicant) am substantively employed by a KHP organisation

[ ]  I am not substantively employed by a KHP organisation *(Please complete below)*

**Please provide the name and organisation of the person named on this application who will act as the KHP collaborator for the project:**

**How long do you envisage requiring use of CRIS for this project?**

*For audits, service evaluations/ developments, and quality improvement projects only.*

**Please confirm the project has received appropriate SLaM Clinical Governance approval and email the approval to the CRIS administrator :**

**State the Directorate responsible for this approval:**

**Give the title of the approved project if different from above:**

*To be completed for all projects.*

**What is the output envisaged to directly arise from this analysis (peer reviewed publication/ pilot study)?**

If you intend to publish the output, please give an indication of where you are intending to publish

**Is it likely that texts from CRIS will be quoted in the publications?**

**Does this application relate to a study forming all or part of an MSc dissertation?**

[ ]  Yes

[ ]  No

**Who is the main funder for this application?**

[ ]  Externally funded *(Please state below)*

[ ]  Industry *(Please state below)*

[ ]  Self-funded/ personal time

[ ]  Fellowship *(Please state below)*

[ ]  Studentship *(Please state below)*

[ ]  MSc

[ ]  SLaM/ Employer

[ ]  Maudsley BRC

[ ]  Other *(Please state below)*

**Please provide details of the funder including name, the approximate cost and grant reference number:**

**Do you envisage any commercially relevant intellectual property as an output from this project?**

[ ]  Yes

[ ]  No

**Use of CRIS requires adherence to the CRIS Security Model, available to view**[**Here**](https://maudsleybrc.nihr.ac.uk/facilities/clinical-record-interactive-search-cris/information-for-researchers/)**, Please tick here to confirm that you have read and understood these requirements.**

[ ]  I have read and understood the requirements of the CRIS Security Model

By submitting this project application, you agree to treat CRIS data confidentially and in adherence to the guidelines stated above. You confirm to have the necessary honorary or substantive contract with SLaM to be authorised to access CRIS. All use of CRIS will be audited to ensure that it is within the remit of the project you specify in this application form. Any use of CRIS outside the remit of the application form will be queried with the user and where found in breach of CRIS terms and conditions, CRIS access may be withdrawn subject to discussions with the CRIS Oversight Committee. You agree and confirm that this project has the relevant audit approvals or if a research project has an official research supervisor.