**PRACTICE AWARD**

Please send completed applications to GPresearchawards@nihr.ac.uk by **23:59 on Friday 23rd June 2023.**

* Do not send any additional information as the panel will only review information contained within the form
* The pages will expand as you type but please note the word limit for each section
* The questions below all relate to the time period **1st April 2022 through 1st June 2023**

|  |  |
| --- | --- |
| **Your details** | **Your answer** |
| Name | Your answer |
| Job title | Your answer |
| Submitted on behalf of | Your answer: Name of practice/address |
| ICS 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 | Yes/No (delete as applicable) |
| RCGP Membership No | Your answer |

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 supportedbetween 1**April 2022 - 1 June 2023** by your practice.

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

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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 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.  | Yes/No (delete as applicable) |
| I confirm that I am happy for my contact details to be kept in order for the NIHR and RCGP to liaise with me throughout the award application and review process. I am happy for information provided to be retained until the applications have been reviewed and winners have been notified. I understand that winning and highly commended applications will be retained as examples of good practice. | Yes/No (delete as applicable) |
| If my application is nominated to be “highly commended” or determined the “winner”, then I will supply further details on request for invitation to the award ceremony. If my application is determined the award winner, I understand that I or another RCGP member of the practice will be expected to attend the award ceremony. | Yes/No (delete as applicable) |

Date:

Applicant’s signature: