# Stroke Programme Data Application Form

**Ref number:**

(Office use)

1. PROJECT TITLE
2. PRINCIPAL INVESTIGATOR

|  |  |
| --- | --- |
| Title, forename, surname: |  .  |
| Employing organisation: |  .  |
| Position in organisation: |  .  |
| Address of organisation: |  .  .  .  |
| Telephone: |  .  |
| Email: |  .  |

1. RESEARCH PROJECT

|  |
| --- |
| 3.1 SUMMARY3.2 CONTEXT3.3 PROJECT DESCRIPTION *Full description of the purpose(s) for which the data are requested (1000 words max)*1. **Background**
2. **Scientific hypothesis**
3. **Objectives**
4. **Methodology and planned statistical analyses**
5. **Competing interests**
6. **References (max 10)**

3.4 PLANNED SCIENTIFIC OUTPUTS*Intended outputs/publications arising from the use of these data, including abstracts, posters and research papers.* |

4. RESEARCH TEAM / CO-APPLICANTS

**Details of each Research team member involved in the proposed project.**

|  |  |  |  |
| --- | --- | --- | --- |
| Research team members / Co-applicants | Employing organisation | Position in organisation | Contact details (Email address/Telephone no) |
|  |  |  |  |

5. FUNDING

Do you already have funding to carry out this project:

If you are planning to seek funding to carry out this project and the grant application is to be partially or totally based in the use of SSNAP data, please give details about the funding application.

|  |
| --- |
| **5.1 Name of funding body:** **5.2 Dates:** **5.3 Applicants:****5.4 Title of application:****5.5 Synopsis of application (max 100 words):** |

6. DATA REQUESTED

|  |
| --- |
| *Please refer to the audit dataset.***6.1 Dataset items (question numbers):****6.2 Time period (based on patient admission date):****6.3 Level of granularity (e.g. patient level, hospital level):**  |

7. DATA LINKAGE

|  |
| --- |
| **7.1 Will the data be linked with any other sources of data**? *If yes, please give the following details***7.2 Which other data source(s) will it are linked with:** **7.3 Which variable(s) will be used to link the data:** |

**PLEASE NOTE: There will be a fee associated with Patient Level data sharing; this will be determined by the complexity of the request and the time needed for the analysis by the SSNAP data team.**

**Please send completed application forms to** **ssnapdatarequests@kcl.ac.uk** **with ‘Data Request’ in the subject line.**

MEETING DATE (Office use):