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|  | BAHT Clinical Evidence Committee  |

# BAHT Research Support Request Proforma

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |
| Title of Project: |  |  |
| Contact email  |  |  |

## Introduction

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| *Please provide an introduction we can share which will preface your research introducing the topic to your participants, tick to ensure you have included the following:*  |
| [ ]  | Who is carrying out the research- organization/ academic affiliation |
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|  |  |
| --- | --- |
| [ ]  | Clear research question & aim of the research |

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| [ ]  | Specific role of BAHT member(s) |
| [ ]  | How the knowledge will be used, benefits to clinicians/patients |
|  |

## Methods

*Please provide a summary of your research proposal which includes the following:*

|  |  |
| --- | --- |
| [ ]  | Justification of research method |
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| --- | --- |
| [ ]  | Target population (inclusion/exclusion criteria) |
| [ ]  | Demands on participants |

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| [ ]  | Data protection plan |

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| [ ]  | Analysis plan |
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## Dissemination Plans

|  |  |
| --- | --- |
| [ ]  | Details on how you will share your findings e.g. BAHT e-bulletin, publication, conference presentation, social media |
|  |  |

## Thank you