



[Service Evaluation Review Application](#)

This information will be kept on a database of service evaluation/improvement/reviews being undertaken within Trust. Results may also be shared to promote learning. Please attach a copy of your proposal along with a screen shot of the HRA page confirming that your project is not research which is available at:

<http://www.hra-decisiontools.org.uk/research/redirect.html>

Please return the completed form to: Karen.Bruce@merseycare.nhs.uk to enable registration and review. The study will be given a reference number and Trust confirmation will be issued once full documentation (as per the review flowchart above) has been received.

Thank you.

Pauline A Parker
Head of Research
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Project title:	
Name of Project Lead:	<u>Project lead/ clinical supervisor:</u> <u>Person completing the work:</u>
Address and contact email:	
Clinical Division of Lead:	
Telephone number:	
Where will the project be carried out:	
Methodology What do you plan to do, why and how?	

How will information and data be collected and stored?	
Key words:	
RESULTS SECTION:	SOME FIELDS WILL NEED COMPLETING WHEN PROJECT ENDS.
Findings/Outcome of project:	
Any Recommendations:	
Dissemination of evaluation findings: Details of where you have/or plan to share these findings? Please send a copy of the final report to: karen.bruce@merseycare.nhs.uk	
Expected start date:	
Expected completion date:	

Signed

Date:

(Person carrying out the evaluation on behalf of self/team/service)

Note: Please check with your university/employer if the study needs to be registered and/or reviewed for ethical approval.

Thank you for completing this form.
Please return it via email to: Karen.Bruce@merseycare.nhs.uk