

SWIMS COLLABORATIVE RESEARCH APPLICATION FORM

1. Read the SWIMS Data Sharing and Collaborative Research Policy (*copies available from the SWIMS website or on request from the SWIMS Team*)
2. Complete the forms and return them to the SWIMS Team by post or email. Emails should carry the header "COLLABORATION REQUEST".
3. We will acknowledge your request and estimate a date by which we expect to have been able to review your request. Please remember though, that we are only a small team and staff are not always available at short notice.
4. If there are any obvious omissions on the form we will advise you before the review.
5. After the review we will either:
 - Contact you to advise we have accepted your request and to discuss how to proceed, or
 - Advise you of our reasons for turning down your request, or
 - Ask you to discuss possible amendments that might mean we can accept your request.
6. Once we have agreed a request we will agree the contents of the Collaboration Agreement with the Applicant. This agreement and any necessary permits or approvals **MUST** be in place before any collaboration can begin. We will also provide an estimate of how long we will take to set up our side of the collaboration **but** we will not undertake any such work until all agreements are in place.
7. If you have any queries please contact the SWIMS Coordinator:

SWIMS PROJECT
N16, ITTC Building 1
Plymouth Science Park
Derriford
PL6 8BX

01752 315246

swimsproject@plymouth.ac.uk

<http://research.psmd.plymouth.ac.uk/cnrg/swims.php>

SWIMS COLLABORATION REQUEST FORM

**Applicant
(Full name)**

Click here to enter text.

Role

Click here to enter text.

Institution

Click here to enter text.

Contact details

Telephone: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

Co-Applicants

Click here to enter text.

Project Title

Click here to enter text.

Has the project been or will it be peer reviewed?

YES

If YES by which organisation and when?

Click here to enter text.

NO

If NO, why not?

Click here to enter text.

How will the project be funded?

Click here to enter text.

Has funding been approved

YES

NO

If no, date approval decision expected? (dd/mm/yyyy) [Click here to enter a date.](#)

Description of collaboration <i>i.e. aims, hypotheses, data to be collected, methodology and extent of SWIMS involvement</i>	Click here to enter text.
Purpose of collaboration	Click here to enter text.
Endpoint of proposed research	Click here to enter text.

New data to be collected by collaborator *(please continue on a new sheet if necessary)*

Time point		Description of data and any <u>inclusion/exclusion criteria</u>
From (MM/YY)	TO (MM/YY)	
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter a date.	Click here to enter text.

Analyses to be performed by proposed collaborator *(please continue on a new sheet if necessary)*

Data to be used	Analyses
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Further project specifications	
Date research to commence (dd/mm/yyyy)	Click here to enter a date.
RECRUITING VIA SWIMS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, recruiting via SWIMS Project please complete:	
Proposed method of recruitment	Click here to enter text.
Informed Consent to be obtained?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Approved advert for SWIMS newsletter?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANONYMISED DATA NEEDED TO BE PROVIDED FROM SWIMS QUESTIONNAIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DATA ACCESS	Desired format of data	Click here to enter text.
People to have access to the data:		
Name	Role/Reason for access	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	
Date storage and security / management procedures	Click here to enter text.	
Please attach the following policies for your institution:		
(i) Data security policy		
(ii) Data destruction policy		
Contact details for queries about data export/format	Name:	Click here to enter text.
	Telephone:	Click here to enter text.
	Email:	Click here to enter text.

ETHICAL AND RESEARCH APPROVALS NEEDED	
Approvals needed If already obtained please attach a copy, if none needed please explain why:	Click here to enter text.
Dates applications to be made (dd/mm/yyyy)	Click here to enter a date.
Other approvals needed	Click here to enter text.
Dates applications to be made (dd/mm/yyyy)	Click here to enter a date.

Date of request (dd/mm/yyyy)	Click here to enter a date.
Signature of applicant	Click here to enter text.
PRINT NAME	Click here to enter text.

Date Received by SWIMS (dd/mm/yyyy)	Click here to enter a date.
Reference number	Click here to enter text.