**Patient and public Involvement (PPI)**

**Request form – Oxford Cancer.**

This form is for Oxford University and OUH medical researchers within the Oxford area who are seeking to recruit a specific group of cancer patients or public members for their research project.

Please download and complete the form, once completed, please sent this form to:

**oxfordcancerppi@medsci.ox.ac.uk****.**

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| --- | --- |
| **Name**  |   |
| **Department or institution**  |   |
| **Email**  |   |
| **Project Title (if known)**  |   |

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| **Outline Project** *In 250 words or less and in a plain English description, please summarise the aims and objectives of your research project, including the primary**cancer area of research.*  |
| **Primary cancer area of research.**  |    |
|       |
| **Current status of research project**  *Select all that apply.*  |
|   | Identifying and prioritising research topics or questions   | Recruitment  |  |
|  | Applying for funding   | Managing research   |  |
|  | Designing your research project  | Dissemination of research findings  |  |
|  | Developing public facing research documents  | Implementing -research into practice  |  |
| **Name of prospective funder(s)**  |
|   |
| **Proposed involvement opportunity**  *In 200 words or less and in lay terms, please outline, the potential involvement opportunities you are hoping to offer, for example:* * Identifying and prioritising a research area and/ or question
* Support with writing or reviewing a plain English summary.
* Designing a study from the viewpoint of patients or carers
* Evaluating patient-facing study documents (information sheets, consent forms etc.)
* PPI representative on a steering group or advisory committee
* Other
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|  |
| **Are you looking for people with specific characteristics or experience?***for example, representatives:* Patients, carers, or public members with experience of a particular medical condition From a particular background or living in a specific geolocation   Of a particular gender or sexuality  Of a particular age range Other  |
|       |
| **Timescale** *Please note that depending on the type of involvement that you require, and the characteristics of representatives you are looking for, it can take at least a month to promote, recruit and start the involvement process.*  |
| **When would you like the PPI activity to start?** *Please provide a date* | **How much time have you got to develop and implement your PPI activity?**  |
|     |   |
| **Outcomes / impact of PPI** *Please outline what you hope to gain by engaging with patients and/or public members for your research*  |
|       |
| **Clinical Trial Details** *If this project is for a clinical trial, please provide the trial's registration number and a link*  |
|   |
| **Expenses and payment** *Not all PPI members will want to accept payment, but best practice recommends that you offer to reimburse any expense incurred by PPI members (for example travel costs).* *Researchers should explore whether they are able to offer payment for involvement. We understand that researchers may not be able to offer payment for involvement, for example in early stages of research and if this is the case, we will still offer to support your involvement opportunity.* |
| **Will you be able to reimburse PPI members for expense incurred?**  | **Will you be able to offer payment for involvement in PPI activities?**  |
| **Yes**   |  | Yes  |   |
| **No** |  | **No** |  |
| **N/A** |  |  |  |

Thank you for taking the time to fill out the form, please email the completed form to: **cancer@medsci.ox.ac.uk****.**

**Your request will be reviewed within 5 working days and a member of the team will be in touch soon after.**