Form Title:	Sponsorship Request Form
Form Ref.:	HSCR-FORM002

This form should be completed at the post-award stage for a health and social care study requiring sponsorship by Lancaster University. Please complete, save and return this form along with all supporting documents to sponsorship@lancaster.ac.uk. The email should come from or be copied to the Chief Investigator's work email address.

Section 1 – Study Details

Full title of study	
Short title of study	
IRAS reference number	
REAMs reference number (if applicable)	
Have you previously asked another organisation to sponsor this study?	Yes ☐ No ☐
	If another organisation was unable to sponsor this study, what reason did they give?

Documents attached *Mandatory documents	**Document type**	**Version No.**	**Version Date**
	☐ Protocol*		
	☐ HSCR-FORM005 Risk Assessment Form* (or as part of protocol)		
	☐ Research Data Management Plan*		
	☐ Participant Information Sheet(s)*		
	☐ Informed Consent Form(s)*		
	☐ Confirmation of funding letter* (If applicable)		
	☐ Chief Investigator's short CV*		
	☐ Evidence of peer review*		
	☐ IRAS Form*		
	☐ Draft collaboration agreements* (if applicable)		
	☐ HRA Schedule of Events or Schedule of Events Cost Attribution Template*		
	☐ Organisational Information Document, mNC-pA (PIC Agreement) or mNCA (model non-commercial agreement)*		
	☐ Draft delegation log		

	☐ GCP certificate for Chief Investigator and any lead researchers/student researcher*		
	☐ Recruitment advert(s)		
	☐ Assessment measure(s)		
	☐ Interview schedule(s)		
	☐ GP/Health Professional Letter		
	Other documents (please specify):		

Section 2 – Chief Investigator Details

Chief Investigator details	Title	Prof. ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐
		Other (please specify):
	Forename(s)	
	Surname	
Work email address		
Lancaster University department		
Substantive employer of Chief Investigator	Lancaster University ☐	
	Other (please specify):	
NHS employment details	Not applicable ☐	
	NHS organisation:	
	Substantive Contract ☐ Honorary Clinical Contract ☐	

Section 3 – Type of Study

Study type *(please indicate with an X)*	Research database	
	Study limited to working with data (specific project only)	
	Research tissue bank	
	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	
	Study involving qualitative methods only	
	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	
	Basic science study involving procedures with human participants	
	Combined trial of an investigational medicinal product and an investigational medical device	
	Clinical investigation or other study of a medical device	
	Clinical Trial of an Investigational Medicinal Product (CTIMP)	
	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	
	Other study – please specify here	

Will any part of this study contribute to an educational qualification?	Yes ☐ No ☐ If 'Yes', please give details of the qualification:				
Section 4 – Sites					
Is this a single-centre study?	Yes ☐ No ☐ If yes, please name the single research site:				
Is this a multi-centre study?	Yes ☐ No ☐ If yes, please name the lead NHS research site: How many centres are estimated to be involved in the study:				
Will any UK sites be non-NHS organisations?	Yes ☐ No ☐ If yes, please name the non-NHS organisations:				
Where will your research sites be located? (Please note that to apply for Scottish and Irish regulatory approvals, you will need at least one known site in the country to be able to apply)	☐ England and Wales	☐ Scotland	☐ Ireland	☐ European Economic Area	☐ Outside of the UK and Europe
What cohort of participants will be involved in the study?	☐ Patients		☐ Carers		
	☐ Healthy Volunteers		☐ Staff		
Estimated recruitment numbers	Patients		Carers		
	Healthy Volunteers		Staff		
What Site Types will be included in your study? (If both, please select both) (PIC sites are sites that process data only to identify eligible participants to refer into the study. See IRAS guidance on PIC sites)	☐ Full Recruitment Site		☐ Participant Identification Site (PIC)		
Section 5 – Finance and Resources					
Who is the funder?					
Secured funding amount	£	Funding period (months)			
Will you be requesting adoption onto the NIHR Portfolio?	Yes ☐ No ☐ If yes, please name the Lead NIHR Clinical Research Network:				
If seeking NIHR Portfolio adoption, have you made contact with the Study Support Service at the Lead NIHR Clinical Research Network?	Yes ☐ No ☐ If yes, please provide a name and contact email address for the Study Support Service:				

Will this study require support from any external services?	Clinical Trials Unit / Clinical Research Facility	Yes ☐ No ☐ If yes and a facility has been identified, please provide its name:
	Imaging Facilities e.g. MRI, PET etc.	Yes ☐ No ☐ If yes and a facility has been identified, please provide its name:
	Pharmacy	Yes ☐ No ☐ If yes and a facility has been identified, please provide its name:
	Radiology	Yes ☐ No ☐ If yes and a facility has been identified, please provide its name:
	Laboratory	Yes ☐ No ☐ If yes and a facility has been identified, please provide its name:
	Other (please specify the type of service and the facility's name if available)	
Please identify all equipment or devices to be used in this study that are not owned by Lancaster University.		

Section 6 – Review

Have you taken any methodological or statistical advice from a research design/or support service?	Yes ☐ No ☐ If yes, which unit:
What type of peer review has been undertaken?	
☐ Funder's review 1	☐ Funder's review 2
☐ Academic supervisors review 1	☐ Academic supervisors review 2
☐ Other documented review 1	☐ Other documented review 2

Section 7-Approvals

What type of ethics review do you require?	☐ National Research Ethics Service/NHSREC
	☐ Faculty REC

(Please note, if you require **faculty** ethics review, you will need to complete this application and undertake any required revisions, ahead of making your application to the research ethics committee. Once the sponsorship team are satisfied with your application, they will advise you when you can apply via REAMs for ethical approval. Once your final ethical approval has been granted, the sponsorship team should be notified and will continue with the sponsor assessment and approval process.) For projects that may require an alternative external REC or SREC approval, advice will be given on a project by project basis. If you are unsure, you can refer to the NHS REC decision tool, and for FREC guidance, the REAMs filters.	☐ Departmental Ethics ☐ No Ethics Review Required Please provide reason:	
Do you require Health Research Authority approval? **(If you are unsure, please see Lancaster University guidance, HRA webpages, or use the decision tool inside the student toolkit for guidance)**	☐ Yes, my study involves NHS research sites.	☐ No, my study does not involve any NHS research sites. (Select this option if your sites are only acting as promotional sites and do not require you to obtain HRA approval to do so)
Do you require Confidentiality Advisory Group approval? (CAG approval is required for all studies that intend to obtain personal information without consent. If you are unsure, then please see the CAG webpages for more information)	☐ Yes	☐ No
Do you require any other approvals?	☐ Yes Please provide details:	☐ No

Sponsorship Assessment			
Risk Assessment Rating	**LOW** ☐	**MED** ☐	**HIGH** ☐
Approval Route	**1** ☐	**2** ☐	**3** ☐
CRGO Name			
Committee Reviewer Name (if required)			
Outcome	☐ **Approved**	☐ **Approved with conditions** (See comments on application and accompanying review checklist)	☐ **Not approved -amendments required** (See comments on application and accompanying review checklist)
Approved by			

Date Approved	