ERA SURVEY EVALUATION

**APPLICATION FORM**

PLEASE NOTE THAT THE INFORMATION PROVIDED BELOW COULD BE PUBLISHED ON THE ERA WEBSITE

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Name of the Applicant |  |
| First name |  |
| Family name |  |
| email |  |
| Applying on behalf of(WG, Committees, other ERA Body) |  |
| the applicant is the main contact for the survey | YES [ ]  NO [ ]  |
| if NOT, please specify the main contact’s name and email |  |
| Does the project involve other ERA Bodies? | YES [ ]  NO [ ]  |
| *If YES, please specify* |  |
| Does the project involve international partners/centres? (see Annex II) | YES [ ]  NO [ ]  |
|  |  |
| REQUEST OF FINANCIAL SUPPORT | YES [ ]  NO [ ]  |
| *If YES, please specify the amount in EUR* (see Annex IV) |  |

**Survey Information**

|  |  |
| --- | --- |
| Project Title |  |
| Can the survey be considered medical research? | YES [ ]  NO [ ]  |
| Does the survey need to be supported by a certified approval/waiver of the main coordinator’s institute Ethics Committee (EC)? | YES [ ]  NO [ ]  |
| Do the results of the survey have the potential to affect clinical practice? | YES [ ]  NO [ ]  |
| Please specify the Survey Target (select all that apply)All ERA MembersGeographical AreaHealth professionalsPatientsCaregivers | YES [ ]  NO [ ] ERA Area[ ]  Only Europe [ ] YES [ ]  NO [ ] YES [ ]  NO [ ] YES [ ]  NO [ ]  |
| Can the proposed study group perform the data processing?  | YES [ ]  NO [ ]  |
| If NO, please provide the alternative appointed/hired institution |  |
| Survey Plan attached (if NOT provided the survey will be automatically rejected) | YES [ ]  NO [ ]  |
| Will the survey results be used to submit a publication? | YES [ ]  NO [ ]  |
| If NO specify why: |  |
| Will the survey results be posted on the website? | YES [ ]  NO [ ]  |
| If NO specify why: |  |

MANDATORY: The full survey questionnaire (Annex III) must be submitted with this application as well as a detailed Survey Plan (Annex I) that must include the following information:

1. who is invited to complete the survey (define the clusters),
2. how many times they will be asked to complete the survey (i.e. [Delphi Method©](https://www.rand.org/topics/delphi-method.html)) and describe their potential engagementin the project,
3. a clear roadmap containing:
	1. survey circulation schedule
	2. description of how the data will be processed
4. if applicable, specify if users completing the survey will appear in the paper as co-authors

*As an applicant, I hereby declare that I have not been sentenced by any Court during the last 10 years for any offences which may affect ERA or cause damages (including reputational damages) to ERA (for such purpose, a plea-agreement or any similar alternative is considered equal to a Criminal Court decision: a first instance decision is equal to a final judgment).  I am going to resign immediately from this project in case I will fall in the situation provided for under the previous paragraph. Any violation will be promptly sanctioned by the competent authorities.*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Privacy Policy and Terms and Conditions***

*ERA takes your privacy very seriously and we confirm that all data processing is done in compliance with the EU General Data Protection Regulation (2016/679) and the relevant/eventual up-dates as well as of the laws of Italy on this same topic. By submitting the data requested above you automatically accept ERA’s* [*Privacy Policy*](https://www.era-online.org/privacy-policy/) *and* [*Terms and Conditions*](https://www.era-online.org/publications/terms-and-conditions/)*.*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **ANNEX I: SURVEY DESCRIPTION**max 500 words for each reply |
| 1. Survey description, including the aim/hypothesis/objectives/outcomes and the impact on clinical practice which must be clearly outlined
 |
| 1. Who is invited to complete the survey (define the clusters)
 |
| 1. Survey Plan (timing, milestones, will those completing the survey appear in the paper as co-authors…)
 |
| 1. Describe how the questionnaire proposal is adequate to address the aim/hypothesis
 |
| 1. Expertise of the participants/investigators and centres
 |
| 1. Data processing strategy
 |
| Proposed beginning date: \_\_\_/\_\_\_/\_\_\_\_\_*(dd/mm/year)*  |
|  |
| Proposed duration/conclusion: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) |

**ANNEX II**

**List of all Collaborating Researchers and Institutions:**

1. Institution

Name of collaborator:

City:

Country:

1. Institution

Name of collaborator:

City:

Country:

1. Institution:

Nome of collaborator

City:

Country:

1. Institution:

Nome of collaborator

City:

Country:

**ANNEX III**

Survey questionnaire to be attached.

**ANNEX IV**

REQUEST FOR CONTRIBUTION AND BUDGET FORECAST

(**in EUR**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **T 1** | **T2** | **T3** | **T4** |
| Personnel/Expertise (one line for each type)Specify whether the staff is full-time or part-time (1 being a FTE), indicate the period of work and provide the exact work hours |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| EquipmentJustify each piece of equipment requested for the project description. Give models, manufacturers, and prices, indicating whether the equipment will be purchased or rented. Attach additional pages if necessary |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Consumables (specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL PER /PROJECT** |  |  |  |  |
|  |  |
| **GRAND TOTAL OF THE PROJECT €** |  |
| **REQUEST FOR ERA CONTRIBUTION €** |  |

Note: specify timeline (Months or Years)

T1:

T2:

T3:

T4: