

**Survey Application Form**

Please complete this form so that CPOC can assess your survey’s suitability for distribution to our mailing list. Approved surveys are shared as links on the CPOC website and in the CPOC email newsletter.
**The scheduling of all newsletters/emails and inclusion of specific surveys is at CPOC’s discretion.**
**Please note that CPOC will not guarantee to send out a bulk email specific to your survey.**

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| **Name** |  | **Specialty** |  |
|  |  |  |  |
| **Address** |  | **GMC No.** |  |
|  |  |  |
|  |  |  |  |
| **Email Address** |  | **Telephone No.** |  |
|  |  |  |  |
| **Title of Survey** |
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| **Survey Distribution****Please note:** *Reviewers* ***must*** *have sight of survey questions in order to assess your application*. *If you do not have a link to the online survey tool, a copy of the questions and any question logic* ***must*** *be attached to this application.* |
| Link to online survey: |  |
| Please provide full details of any other planned distribution methods to be used outside of CPOC: |
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| **Background (250 words max.)***Briefly describe the context for the survey, why it is of importance, what the problem is you are trying to address, and why it is suitable for a survey.* |
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| **Objectives (100 words each max.)** *Clearly state the specific questions to be answered by this survey* (*please add table rows if required*) |
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| **CPOC Themes***Please note which CPOC themes your survey supports* (*tick all that apply*) *and provide rationale* |
| ***Tick*** | **Theme** | **Rationale for inclusion (100 words each max.)** |
|  | Improve quality of care |  |
|  | Empower patients |  |
|  | Support the workforce |  |
|  | Influence policy |  |
|  | Harness digital technology |  |
|  | Research and innovation |  |

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| **Survey Population** *Please state any perioperative specialities you would like to target with this survey* (*tick all that apply*) |
| ***Tick*** | **Population** | **Rationale for inclusion (100 words each max.)** |
|  | Patients |  |
|  | Anaesthetic specialists(specify if needed) |  |
|  | Surgical specialists(specify if needed) |  |
|  | Physician specialists(specify if needed) |  |
|  | General Practitioners |  |
|  | Paediatric specialists(specify if needed) |  |
|  | Nursing specialists(specify if needed) |  |
|  | Allied Health Professionals |  |
|  | Other (please specify) |  |

*Please also note any specific clinical grades you wish to target* (*tick all that apply*)

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| ***Tick*** | **Clinical Grade** | **Rationale for inclusion (100 words each max.)** |
|  | Consultant doctor |  |
|  | Trainee doctor |  |
|  | SAS/Career Grade doctor |  |
|  | Nurse |  |
|  | Allied Health Professional (AHP) |  |
|  | Other (please specify) |  |

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| **Survey Piloting** **Please note:** *CPOC is* ***highly unlikely*** *to approve any survey submission that has not been piloted. If there has been no piloting of your survey, please provide rationale for this in the further detail box below.* |
| Has the Survey been piloted before submission to CPOC? |  | **Yes** |  | **No** |
| *Please provide further detail on your piloting cohort, process and methodology* **(250 words max.)** |
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**Data Collection Period**

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| --- | --- |
| Length of data collection period (months) |  |

*If you have firm dates for your data collection period, please provide below.* ***Leave blank*** *if dates are flexible.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Opening date: |  |  |  | Closing date: |  |  |  |

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| **Expected Outcome (250 words max.)***Please indicate how you intend to use the information you collect, including a brief description of how you will analyse the data and how you will disseminate any findings, including timescales* |
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**Declaration**

* I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement.
* I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.
* I undertake to provide CPOC with an appropriate and timely summary of the data obtained within
6 months of completion of the survey.
* I agree to provide CPOC with access to the full data collected, if requested.

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| **Signature** |  | **Date** |  |  |  |
| *Electronic signatures are accepted* |

**Please submit completed form to** **cpoc@rcoa.ac.uk****.**

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| **CPOC REVIEWER COMMENTS OFFICE USE ONLY** |
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**OUTCOME**

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| --- | --- | --- | --- |
|  | **APPROVED** |  | **NOT APPROVED** |

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| **COMMENTS ON METHODOLOGY OFFICE USE ONLY** |
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