**CSG Study Submission Form**

Seeking an opinion from one of our Clinical Studies Groups (CSGs) is a helpful step to take at an early stage, although you may contact us at any point as you develop your research proposal.

Please fill in the form below and return it to cleftcraniocsg@gmail.com together with your draft proposal and any other supporting documentation (e.g. patient information leaflets) that you would like to receive feedback on.

CSGs aim to provide comments including a formal letter of response (which can be useful for both ethics and funding applications) within one month from the date of submission.

|  |
| --- |
| **Personal details**Title:First name:Last name:Job title:Address:Email:Phone:Fax:Your relationship to the study (potential CI etc): |

|  |
| --- |
| **Study information** (Please provide a summary using no more than 750 words)Full study title (if known):Background:Aims:Subjects:Methods:Outcome measures:Likely costs: |

|  |
| --- |
| **Recruitment information** (We realise that much / all of the information below may not be known, but the more information that you can provide the better. Please indicate if dates / targets are estimates) Study recruitment target:Site recruitment targets: Planned start of setup: Planned open to recruitment:Planned close of recruitment:Planned close of follow-up: |

|  |
| --- |
| **Funding status** (Please indicate with an X in the appropriate box)Not yet submitted Pending SecuredIf you have previously submitted your project for funding but it was unsuccessful, please indicate this here: |

|  |
| --- |
| **Previous advice given for this project:**Have you sought advice from a CSG(s) before?If yes, please specify the name of the CSG which advised you: |