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**Request to circulate research/project information to Royal College of Occupational Therapist Specialist Section – Major Health Conditions**

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| Name |  |
| Member of RCOTMember of RCOT SS Major health Conditions | Yes – Please provide membership numberYes – Please provide membership number | NoNo |
| Contact Details (phone/email) |  |
| Title of Study |  |
| Name of research sponsor (usually a Trust, Employer, University) |  |
| Ethics approval obtained | Yes – please provide reference number, name of reviewing body and attach evidence of approval | No – please state why |
| Request | Please provide details of why you would like to access the specialist section membership |
| Research Protocol/Project brief | Please attach a copy  |
| Participant Information Sheet (if appropriate) | Please attach a copy  |
| Signature(or e –signature and attach to email) |  |
| Date |  |

Please return to Lara Cowpe, Education and Research Liaison, RCOT SS Major Health rcotssmajorhealthconditions@gmail.com
*Please entitle email: FAO Lara, Education & Research Liaison*