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**Trial Governance Placement Scheme**

**2023**

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# Application Form

**Please complete ALL SECTIONS using font Calibri, size 11pt with single spacing.**

**Please note it is the responsibility of each applicant to check the word count in each section. Failure to comply with the word count may result in your application being deemed ineligible without further review.**

**Please refer to the call guidance notes before completing. All requests made are subject to availability.**

**The deadline for receipt of completed applications is 05th May 2023 at 1pm.**

**Completed applications can be submitted by email as a PDF to** [HRB-TMRN@universityofgalway.ie,](mailto:HRB-TMRN@nuigalway.ie) **noting Trial Governance Placement Scheme in the subject line.**

## Application Process

* Complete the application form and submit a signed electronic version as a **PDF** e-mail attachment to [hrb-tmrn@universityofgalway.ie](mailto:hrb-tmrn@nuigalway.ie) by the submission deadline.
  + Please include “Trial Governance Placement Scheme” in the email subject line.
* Include a 2-page (maximum) CV with your application.

Before completing an application, applicants are advised to read the Guidance Notes carefully, which outline the placement conditions.

## Application Summary

Please note specific requirements are subject to trial availability. The information below will be used to best match your requirements to available trials, all specifications may not be met.

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| **Applicant name** |  | | | | | | |
| **Affiliation** |  | | | | | | |
| **Title** *(Mr., Ms., Dr., Prof. etc.)* |  | | | | | | |
| **Current role** |  | | | | | | |
| **Institution / Organisation** |  | | | | | | |
| **Department / School** |  | | | | | | |
| **Email** |  | | | | | | |
| **Clinical area of expertise** *(if applicable)* |  | | | | | | |
| **Trial type of interest** *(e.g. Pharmacological, non-pharmacological, medical device, complex intervention)* |  | | | | | | |
| **Trial lifecycle stage**  *(Please specify if you are interested in a specific trial stage of governance activity. Please tick if any apply).* | **Trial Set up** | | **Main trial period** | | **Trial closure** | | |
| Placement applying for: | **Trial Steering Committee** | **Trial Management Group** | | **Independent Data Monitoring Committee** | | **Risk Assessment Group** |
| *Please number in order of priority (1st choice, 2nd choice etc.)* |  |  | |  | |  |

## Applicant Rationale for Placement

### Trial Experience and Expertise (300 words max)

*Please describe your involvement in trials to date, describing your role and highlighting if you were responsible for any trial governance activity currently or in the past.*

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### Placement interest (300 words max)

*Outline why you are interested in joining this placement scheme. Please provide details of interest for each committee type (listed above) if applying for more than one placement type.*

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### Intended placement impact (300 words max)

*Outline how this placement will further progress your research interests and career trajectory. Specifically, highlight your learning needs about trial governance and how this placement will address these. Also, please include how new skills / knowledge may impact on policy, practice, and/or education in Ireland.*

*The scheme seeks to build capacity in trial governance. Therefore, applicants must* ***justify the new skills/knowledge they will accrue from this placement****.*

### Public and patient involvement experience and training (300 words max)

*The HRB-TMRN and our placement partner, Centre for Trials Research (Cardiff University) are committed to ensuring the patient voice is a core part of, and respected in, all trial governance activities. Please outline any relevant PPI training and any PPI activity as part of your current research work. If experience here to date is limited, please outline your future plans to upskill in this area.*

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## Declaration

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| I confirm that I have read the Guidance Notes for the call and fully accept the conditions of the HRB-TMRN Trial Governance Placement Scheme.  I confirm I have the support of my employer/line manager (as applicable) to undertake the placement and will be afforded the time to participate fully in all placement activities.  I declare that the particulars contained in this application are correct. | |
| **Signature of applicant** |  |
| **Name (Printed)** |  |
| **date** |  |
| **Signature of line manager** |  |
| **name (printed)** |  |
| **date** |  |