Royal College of Psychiatrists

21 Prescot Street, London, E1 8BB

**Email:** [CAPSS@rcpsych.ac.uk](mailto:CAPSS@rcpsych.ac.uk)

**Telephone:** 020 301 2695

**PHASE 2 APPLICATION FORM**

Please use the space provided to complete this form. Please read the questions carefully as failure to provide sufficient detail may lead to a delay in processing the application or its rejection. More detailed guidelines can be found in the CAPSS study application handbook (available on the [CAPSS website](https://www.rcpsych.ac.uk/improving-care/ccqi/research-and-evaluation/current-research/applying-to-use-CAPSS)).

There is no word count (apart from the abstract) but please try to complete the application succinctly.

## Title of the study

## Title of study to appear on yellow card (if different from above)

## Investigators

*Please list all investigators involved in the study, their job title, affiliation, and planned contribution to this study. Please also indicate clearly the principal contact for correspondence on this application, giving a full contact address, email address and telephone number. If there are more than four investigators insert more rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Investigator | Job title and affiliation | Contribution to study |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Have you identified an Irish contact to support the study in Ireland?**

Yes

No

**If so, please indicate who this will be:**

## Lay summary for the public

*Please briefly describe in lay terms the purpose of your study. This summary will be used to inform the public of your intended study, if approved.*

## Describe the study in lay terms

*Please briefly describe in lay terms under the following headings:*

1. The condition/background
2. Why it’s important
3. Intended methodology
4. Expected benefits of the study

## Proposed starting date

## Proposed duration of study

1. Proposed duration of surveillance
2. Proposed duration of follow-up

## Proposed territorial coverage

## Case definition

*Please give careful thought to providing a precise and practical definition (based on symptoms/signs/investigations) that will be understood by general psychiatrists. Use an internationally accepted case definition if at all possible and reference previous studies if relevant.*

1. Surveillance case definition – *defines which cases should be reported by CAMHS consultants. The aim is to ensure that consultants report all relevant cases, so this definition is often broad as over-reporting is preferable to under-reporting*
2. Analytic case definition – *a definition that responses to the questions in the baseline questionnaire confirm that the case is truly a case and may occasionally require reported results from a specific test to confirm. It can be the same as definition ‘a’, but more usually this definition is narrower and more precise. This is the definition on which the expected numbers will be calculated.*
3. Age range for cases
4. Reporting instructions

## Expected numbers

*Please supply an estimate of the number of cases expected each year, i.e. the yearly incidence rate. Provide a reference for this estimate if possible. More than 300 cases a year would normally be considered too high for CAPSS. Please indicate the source of denominator for calculating incidence.*

1. Expected numbers per year
2. If a denominator to those numbers is required for your study objectives, please specify what the denominator is and how you will obtain this data
3. Duration of surveillance

## Research questions/surveillance objectives

*Clearly state, in bullet format, the specific research questions that will be answered by this study. These questions must be answerable through CAPSS methodology a) without any direct contact with patients, b) without seeking investigations that would not have normally be undertaken by the psychiatrists and c) without a comparison or control group. These could include but are not limited to: incidence/prevalence, clinical presentation, clinical management, outcome, and regional variation.*

## Study methods

*Please provide clear details of the study methodology you intend to employ to answer your research questions, using the subheadings below as a guideline. There are also two additional questions you need to answer as part of this section (see below).*

1. Surveillance study outline
2. Case reporting
3. Questionnaires and follow-up

**Do you intend to seek clinical specimens or laboratory test results as required?**

Yes

No

*If yes, please give details of how these will be obtained (taking into account the fact that this should be part of normal treatment of the condition).*

**Do any of your methods vary from conventional CAPSS surveillance methods?**

Yes

No

*If yes, please give details and the justification for doing so.*

## Alternative sources of data

**Will alternative sources of data, other than CAPSS, be used for case ascertainment (e.g. laboratory data, electronic case note survey)?**

Yes

No

*If yes, please indicate under the following headings:*

1. Description of the sources you intend to use (include any statements of support as appropriate)
2. Description of the purpose of this additional source
3. Description of how data will be collected and then matched between sources
4. Description of the proposed analysis you intend to conduct

## Proposed level and nature of public involvement

**Consultation:** Researchers consult members of the public about the research e.g. through individual contacts or one-off meetings.

**Collaboration:** This includes active, on-going partnership between researchers and the members of the public e.g. involvement of members of the public on the project steering group or as a research partner on a project.

**User led/user controlled:** Members of the public lead the research and are in control of the research. This is often through a community or voluntary organisation led by the service users.

*Using the descriptions above, please tick all relevant boxes:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Consultation | Collaboration | User led/user controlled |
| Development for the grant application |  |  |  |
| Design and management of the research |  |  |  |
| Undertaking the research |  |  |  |
| Analysis |  |  |  |
| Dissemination of research findings |  |  |  |

**If consultation/collaboration has taken place, can you supply further details. Who with, what form did this take, and will it continue, etc?**

**Have service users/patient interest groups/a patient representative contributed to the development of the study protocol and the questionnaires?**

Study protocol  Yes  No

Baseline Questionnaire  Yes  No

Follow-up Questionnaire  Yes  No

**Please include a draft public information leaflet, to be posted on the CAPSS website and other appropriate sites.**

## Questionnaire design

*Please note that CAPSS has instructions for the design of questionnaires and has made available a template for investigators to use and modify as required. It is strongly advised that you liaise with the designated Medical Advisor before submitting your questionnaire as failure to do so may lead to delay in processing your application or its rejection. The questionnaire should be sent as a separate attachment. There are also three additional questions you need to answer as part of this section (see below).*

**Has your questionnaire been piloted with child and adolescent psychiatrists?**

Yes

No

**If a follow-up questionnaire is planned,** *Tick the identifiers you propose to collect and the give a justification for their collection:*

|  |  |  |  |
| --- | --- | --- | --- |
| Identifier | Yes | No | Justification |
| NHS/CHI number |  |  |  |
| Date of birth |  |  |  |
| Sex |  |  |  |
| Partial postcode |  |  |  |
| Ethnicity |  |  |  |
| Other (please specify) |  |  |  |

## Ethical approval

*Studies require REC approval. Information about confidentiality, consent and data handling can be found in the Phase Two application guidance.*

**Please state the current status of your REC application:**

## Funding arrangements

*Funding arrangements should not only cover CAPSS costs (see guidance) but also administrative costs including research assistance/secretarial salaries.*

**Please outline the funding arrangements for your study:**

## Organisational arrangements

*Please state the person responsible for the following:*

|  |  |
| --- | --- |
| Task | Person responsible |
| Day-to-day administration (receiving reports, sending out questionnaires, correspondence with CAPSS) |  |
| Scientific management of the study |  |
| Responding to clinical questions |  |
| Collating and analysing results |  |
| Additional academic or statistical support |  |

## Attached documents checklist

*Please indicate that copies of all draft questionnaires and covering letters are attached:*

|  |  |  |
| --- | --- | --- |
| Attachment | Yes | No |
| Covering letter/supporting statement |  |  |
| Questionnaire(s) (initial and follow-up if applicable) |  |  |
| Supporting letters |  |  |
| Other relevant paperwork:   * Notification letter to clinicians * CAPSS data analysis plan * CAPSS public information leaflet |  |  |

## References

## Signature

Signed by:

Date: