

Request to recruit research participants

This application form is for researchers seeking to recruit study participants for a project that has received ethics approval from a Research Ethics Committee.

If you are looking to partner with people with lived experience through co-design or joining your research team, please use our form '[Request for lived-experience partners](#)'. Research teams are encouraged to complete our co-designed e-learning module on [working effectively with people with lived-experience](#).

Have members of the research team completed this e-module? Yes No

1. Project title:

2. Short title for ad listing:
(recommended <10 words)

3. Chief Investigator details

Full name:

Job title and place of
work/study:

Phone:

Email:

4. Administering institution:

5. Ethics approval and participant
information sheet(s)

Yes – I have attached copies

6. If applicable, enter the funding
body details:

7. What is the project about?
What are the aims?

Tips: Use plain English and language suitable for people with lived experience, e.g. what you would use on a flyer or social media. Include any links to your project.

8. What are the participant
eligibility criteria?

9. What are the activities involved for participants?	
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10. What commitment is involved? <i>Enter the anticipated timeframe, the frequency and length of activities involved.</i>	
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11. Where can people participate in the study? Are there specific locations or can the activity be undertaken remotely?	
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12. Is participant reimbursement offered?	<input type="checkbox"/> YES (enter details) <input type="checkbox"/> NO
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13. We understand that participation in research can sometimes raise difficulties for people with lived experience of stroke. How will support be offered and provided?	
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14. Provide the details of who people should contact who are interested to take part.	
Full name:	
Job title and place of work/study:	
Phone:	
Email:	

15. Please provide an anticipated end date for advertising this request (if approved).	
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I, _____ agree and acknowledge that I:
Understand Stroke Foundation's [Privacy Policy](#) and [Engagement in Research Activity Policy](#) and certify that the Chief Investigator responsible for this activity has authorised this submission and acknowledges Stroke Foundation's policies (as applicable to this application).
By submitting this form, you are agreeing for Stroke Foundation to contact you.