

**Survey Application Form**

Please complete this form so that the clinical reviewers can assess your survey’s suitability for distribution to our members.

Approved surveys are promoted at the RCoA’s discretion. However, we will not bulk email members with a message specific to your survey.

Please complete all sections of the form - this helps to speed up the application process. Please reach out if you have any questions cri@rcoa.ac.uk

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| **Name(s) of the survey lead(s)** |  |
| **GMC No (or equivalent) for each lead** |  |
| **RCoA Membership number for each lead** |  |
| **Job title of each survey lead** |  |
| **Lead organisation if relevant**  | Complete this box if your survey is being led by an organisation  |
| **Telephone number of the lead** |  |
| **Contact email**  |  |
| **Survey title** |  |
| **Please add the link to your online survey in this box*** The RCoA musthave sight of your full survey to assess your application.
* Before submitting your application, please make sure that your online survey includes:
	+ An introduction that sets out:
		- who is running the survey and why
		- estimated completion time
		- what will happen to the data including the need for any confidential/sensitive information
		- what you will do with the results
	+ A thank you at the end

**Surveys without this information are unlikely to be approved****Add link to survey here:** |

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| **RCoA Strategy**Please note which areas of the [RCoA strategy](https://www.rcoa.ac.uk/about-us/strategy-vision) your survey supports and which areas within the RCoA your survey is relevant to

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| **Tick** | **RCoA Strategic Aim** |
|  | Championing our membership  |
|  | Shaping the future of our specialties |
|  | Pursuing excellence in everything we do  |
|  | Promoting healthier outcomes for all |

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| **Tick** | **RCoA Department** | **Rationale for inclusion (50 words max each)** |
|  | Clinical Quality (including GPAS, ACSA) |  |
|  | Examinations |  |
|  | Events |  |
|  | Membership Services  |  |
|  | Research (including audits, CR&I, NIAA, Periop Med) |  |
|  | Training (including AACs, curricula, ePortfolio)) |  |

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| **Background** Briefly describe the context for the survey and why it is of importance, what the problem is you are trying to address, and why it is suitable for a survey of anaesthetists |
| (250 words max) |

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| **Survey** **Objectives** Clearly state the specific questions that will be answered by this survey (please add or remove table rows as required) |
| 1 | (100 words max)  |
| 2 | (100 words max)  |
| 3 | (100 words max)  |

**Survey Population**

Please state the primary audience for your survey (tick all that apply)

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| **Tick** | **Audience** | **Rationale (50 words max each)** |
|  | Consultants and SAS |  |
|  | Anaesthetists in training |  |
|  | Anaesthesia Associations |  |
|  | Senior Fellows |  |
|  | Other – please specify  |  |

**Survey distribution**

Please let us know how you are planning to distribute the survey **outside of RCoA distribution that we offer through this service**. Approved surveys are shared as links on the [RCoA web site](https://www.rcoa.ac.uk/research/get-involved-research/surveys), may be shared on RCoA/CR&I social media and included in the President’s monthly newsletter. We will do our best to promote approved surveys in your timescales, however, the scheduling of our promotion activity is at the RCoA’s discretion and in the context of our wider communications. We will not bulk email members with a message specific to your survey.

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| **Survey Piloting** The RCoA is unlikely to approve any survey submission which has not been piloted. If there has been no piloting of your survey, please provide rationale for this in the box below. |
| Has the survey been piloted before submission to the RCoA? |  | **Yes** |  | **No** |
| Please provide further detail on your piloting cohort, process and methodology |
| (250 words max) |

**Data Collection Period**

|  |  |
| --- | --- |
| Target start date of survey | \_\_/\_\_/\_\_\_\_ |
| Target closing date of survey | \_\_/\_\_/\_\_\_\_ |
| Length of data collection period | Please state the number of days |

We will do our best to promote your survey to align with your timescales, but this may not always be possible if we have several surveys for distribution or depending on other RCoA communications.

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| **Your next steps****Please indicate how you intend to use the information you collect, including a brief description of how you will analyse the data and how you will disseminate any findings, including timescales** |
| (250 words max) |

**Survey promotion**

**Please provide a brief blurb to help us promote your survey if it is approved**

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| 100 words max. Example: This survey is for [insert audience] and aims to [summarise survey aims].  |

**Please provide the social media handles of the survey lead if you would like us to include them in any of our social media posts**

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| **Name of social media platform** | **Social media handle**  |
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**Declaration**

* I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement.
* I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC or equivalent body.
* I undertake to provide the RCoA with an appropriate and timely summary of the data obtained within 6 months of completion of the survey using the RCoA’s form.

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| **Signature** |  | **Date** |  |  |  |
| Electronic signatures are accepted |

**Thank you for completing the survey application form**

**Please submit your completed form to** **CRI@rcoa.ac.uk**

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| **RCoA REVIEWER COMMENTS OFFICE USE ONLY** |
| **For the survey owner to action before the survey is approved for distribution:** |
| **Suggestions for the survey owner to consider:** |

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| **RESPONSE FROM SURVEY OWNER OFFICE USE ONLY** |
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**FINAL OUTCOME - OFFICE USE ONLY**

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|  | **APPROVED** |  | **NOT APPROVED**  |

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| **REASON FOR FINAL OUTCOME**  |
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