Patient Representative Network Request Form

Download and complete this form to request a patient representative from our Patient Representative Network (PRN).   
  
How to use this form

1. Describe the opportunity you would like out PRN to assist with.
2. Ensure you are realistic in your timelines by:
   1. Allowing enough time for us to connect you with members from our PRN.
   2. Giving a reasonable timeframe for our PRN members to provide input.
3. Return your completed forms and relevant attachments to [research@prostatecanceruk.org](mailto:research@prostatecanceruk.org). We will aim to get back to you within three working days upon receiving your request.
4. Following completion of the work, we expect you to provide us feedback on how it went. This will help us to continually improve this service.

# Details of contact

|  |  |
| --- | --- |
| *Please include the details of the person you with us to communicate with regarding this request.* | |
| Name |  |
| Job role |  |
| Organisation |  |
| Email |  |
| Phone |  |

# Project details

|  |  |
| --- | --- |
| Project title |  |
| PI name |  |
| Organisation |  |
| Full lay description | *Can be supplied as an attachment* |

# Funding details

|  |  |
| --- | --- |
| *Please include details of the research funding application your request relates to, whether that is pre-application or post-award.* | |
| Funder |  |
| Award Type |  |
| Approx Award Value |  |
| Funding call deadline date *(if applicable)* | *Please include this if you’re requesting input pre-application.* |
| Award start date | *If funding has not yet been awarded, please include your anticipated start date.* |

# Opportunity details

|  |  |
| --- | --- |
| *Please outline what you what kind of patient input you are requesting and when it is needed.* | |
| Start date |  |
| End date |  |
| Other dates to be aware of |  |
| Location |  |
| Number of representatives required |  |

|  |  |
| --- | --- |
| Would the representative be required to travel to take part in the opportunity (Y/N) |  |
|  | |
| If yes, where is the representative required to travel | |
|  | |
|  | |
| What type of work will the representative be required to do | |
|  | |
|  | |
| Will the representative be remunerated for their involvement (Y/N) |  |
|  |  |
| Please expand on the reasons for your answer above | |
|  | |
|  | |

# Other requirements

|  |
| --- |
| If anything is not currently captured in the form above or you feel there is something important we should note about the role, please do let us know in the box below. |
|  |