



SCPOR Request Form

The purpose of this form is to have standard information for your request to SCPOR so we can provide the appropriate assistance. Please complete all sections of the form to the best of your knowledge. **Once the form is completed, please email it to scpor_info@usask.ca to submit your request.**

Contact Information	
Date (dd/mm/year):	Name:
Email Address:	
Phone Number:	
Affiliation (Institution/Department)	
Do you identify as a:	<input type="checkbox"/> Clinician <input type="checkbox"/> Decision Maker/Policy Maker <input type="checkbox"/> Patient/Patient and Family Advisor <input type="checkbox"/> Trainee <input type="checkbox"/> Researcher <input type="checkbox"/> Other _____

About your Project	
Project Name:	
Project Description: <i>Please provide a lay summary description of your project in less than 300 words.</i>	



Project Team: Please list the names of the current members of your team, indicate their affiliation (i.e. University of Regina, Ministry of Health) and their role within the project (i.e. clinician, decision maker/policy maker, patient and family advisor, researcher, trainee, etc.).

Name	Affiliation	Role in Project

Briefly describe how you will engage the patient/family advisors on your project team.

***If applicable:* Briefly describe how you will engage Indigenous communities.**

Briefly describe how you will engage health system stakeholders.

Engagement is considered on a spectrum. Using the scale below, select one box to capture the extent to which you plan to engage the patient and family advisors on your team.

INFORM <i>“Keep them informed”</i>	CONSULT <i>“Seek their feedback”</i>	INVOLVE <i>“Develop possible solutions with them”</i>	COLLABORATE <i>“Use their input to make decisions”</i>	EMPOWER <i>“Let them decide”</i>

**Ethics:**

Do you currently have ethics approval for the requested project?

- Yes Certificate Number: _____
- No

Please provide any additional comments that may be applicable to the ethics approval process for your project below:

Resources:

Do you currently have funding/resources to support the requested project? Please check all of the applicable boxes below:

- Grant Funded
- Match Funding or Organizational Support
- In-Kind Support (e.g., Research Assistant, Graduate Student Support, etc.)
- Other: _____
- None

Please detail the resources available to you for the requested project:

Will you be applying or have you applied for any funding/resources to support the requested project?

- Yes. *(If yes, please indicate the funding source(s) below.)*
- No

Funding source(s):

- SHRF Note: by checking this box, you are giving SCPOR permission to share this form with SHRF.
- Other:

Please indicate the timeline for potentially receiving the funding:



Description of Request

What is the type of support you are requesting from SCPOR?

Please check all applicable boxes below.

General Information/Consultation:

- General Information about SCPOR and Patient-Oriented Research Opportunities
- Consultation/Exploratory Conversation
- Facilitation/Coaching in Patient-Oriented Research
- Letter of Support

Patient Engagement:

- Training in Patient-Oriented Research (i.e. POR Module Training)
- Support in the Recruitment of Patient and Family Advisors
- Patient Engagement Plan Development

Indigenous Research and Engagement:

- Basic Training in Indigenous Research & Engagement (i.e. Essentials of Indigenous Engagement Module Training)
- Advanced Training in Ethics of Indigenous Research & Engagement
- Consultation/Exploratory Conversation about Indigenous Platform Supports
- Recruitment of Indigenous Patient & Family Advisors
- Support with Indigenous Community Outreach

Methodological Support:

- Consultation/ Exploratory Conversation about Research Methods Support
- Request for Methodological Expertise

Data and Data Services:

- Data Consultation
- Data Analysis
- Data-De-identification
- Data Extraction and/or Linkage
- GIS (mapping)
- Reporting/Monitoring
- Facilitation of Data Sharing Agreement

Knowledge Translation and Capacity Building:

- Consultation/Exploratory Conversation in Knowledge Translation
- Request for Knowledge Translation Support
- Consultation/Exploratory Conversation in Capacity Building
- Request for Trainee Support/Funding

Other:

- Please specify:

- _____

Please outline the details of your request from SCPOR. Be as specific as possible:

Have you already been in contact with SCPOR about your request?

- Yes If yes, please indicate who you have connected with: _____
- No



SCPOR Saskatchewan Centre for Patient-Oriented Research

What is the timeline of the support you are requesting: Please specify a date and provide a short justification of when the requested services and/or expertise from SCPOR are required.

Date:

Justification:

**All applicants will be contacted to further discuss your request