



**INTERNAL OFFICE USE:**

Date Received:

ID #: \_\_\_\_\_

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## SUPPORT REQUEST FORM

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Please complete the following form to the extent that you are able.

Once completed, please submit to: [scpor@usask.ca](mailto:scpor@usask.ca)

### Project Title and Principal Investigator

**1. Project Title:**

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**2. Principal Investigator**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**3. Have you attended:** ( all that apply)

- SPOR Module Training
- Building Research Relationships with Indigenous Communities Training

**4. What type of support are you requesting from SCPOR?**

**General Information/Consultation:**

- Consultation/Exploratory Conversation
- Generic Letter of Support
- Detailed Letter of Support
- In-Kind Support

**Patient Engagement:**

- Support in the Recruitment of Patient and Family Advisors
- Patient Engagement Plan Development & Budgeting Guidance

**Indigenous Research and Engagement:**

- Advanced Training in Ethics of Indigenous Research & Engagement
- Recruitment of Indigenous Patient & Family Advisors
- Support with Indigenous Community Outreach



**Methodological Support:**

- Request for Methodological Expertise
- Quote for SCPOR partner services (Clinical Trial Support Unit, Clinical Research Support Unit, Social Science Research Lab)

**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:**

- Request for Knowledge Translation Support
- Request for Trainee Support/Funding
- Other – Please provide details Describe the support you hope SCPOR can provide to you (i.e. assistance with patient/family advisor recruitment, data analysis, etc.).**

**Please also outline any timelines.** (word limit: approx. 250)



## Study Status

5. Have you previously contacted SCPOR regarding this study?

No

Yes – general communication with: \_\_\_\_\_

## Research/Project Team

6. Team members

Name	_____	Name	_____
Role in study	_____	Role in study	_____
Organization	_____	Organization	_____

Name	_____	Name	_____
Role in study	_____	Role in study	_____
Organization	_____	Organization	_____

Name	_____	Name	_____
Role in study	_____	Role in study	_____
Organization	_____	Organization	_____

## Study Overview

7. Study Purpose/Summary (word limit: approx. 300)

## Patient Oriented Research Assessment

8. (a) Explain how patients have or will be engaged as partners in the research project.  
(word limit: approx. 250)

- (b) Explain how patients have or will help to identify the research priority/priorities.  
(word limit: approx. 250)



**(c) Explain the roles of team members and stakeholders in the project.**

(word limit: approx. 250)

**(d) Explain how the project aims to integrate knowledge into practice. Describe intended end-of grant knowledge translation plans and integrated knowledge translation plans.**

**Describe how you will co-develop knowledge translation plans with patients, communities and stakeholders.** (word limit: approx. 250)



9. **If applicable, describe how you have or will engage Indigenous communities.**  
(word limit: approx. 250)

10. **Provide any additional information to help us understand your needs/or goals and/or assistance you would like from SCPOR.**

## Funding & Ethics

**11. Has ethics approval been obtained for this study?**

- Yes – certificate number: \_\_\_\_\_
- No, but application has been submitted
- No, an application has not yet been submitted

**12. Has funding been obtained for this study?**  Yes  No  Not Applicable

Amount awarded \$ \_\_\_\_\_  
Time period of funding: \_\_\_\_\_ To \_\_\_\_\_  
Source of funding: \_\_\_\_\_

**13. Is this proposal in preparation for a funding application?**

- Yes  No

**If yes, are you seeking: (☑ all that apply)**

- Patient Engagement in Application Development funding  
(If yes, please complete Appendix I.)
- Other: \_\_\_\_\_

Date needed: \_\_\_\_\_

Funding Agency:

- SHRF Note: checking this box, gives SCPOR permission to share this form with SHRF
- Other: \_\_\_\_\_

Funding Opportunity/Competition: \_\_\_\_\_



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## Appendix 1

### Patient Engagement Application Development Award Application

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The Patient Engagement Application Development Award will be offered with continuous intake by the Saskatchewan Centre for Patient Oriented Research. Funding is available to support teams to a maximum of \$2,500.00; funds will be awarded to eligible researchers on a first-come, first-served basis. Ten (10) grants are available between January and June 2019. PIs who received a PEADA in 2018 are not eligible for the January – June 2019 award opportunity.

Funds can be used to cover costs associated with patient engagement including honoraria, travel reimbursement and costs associated with hosting meetings. Note that travel reimbursement for staff, researchers and trainees is an eligible cost if they are travelling to do patient engagement activities. As per SCPOR guidelines, patient and family honoraria should be budgeted at \$50 for less than 5 hours and \$100 per day greater than 5 hours. Travel reimbursement shall be based on institutional rates and elder or knowledge keeper gifts should be as is culturally appropriate.

Funds will be transferred from SCPOR to the home institution of the Principal Investigator. The funds are available to the PI for six (6) months. The PI will be responsible for allocating and reporting on funds in alignment with CIHR Guidelines. The Patient Engagement Platform will support teams by processing honoraria and expense reimbursement for patient/family advisors and will send an invoice to the PI for payment. The Principal Investigator is required to return unused funds and to complete a final financial report to SCPOR.

<b>Budget</b>	
<b>Cost Category</b>	<b>Amount</b>
Patient/Family Honoraria	
Patient/Family Travel Expenses	
Meeting Costs	
Researcher Travel	
Knowledge Keeper Gifts	
Other	
Other	
<b>TOTAL</b>	





Please provide a summary of how you intend to use the PEADA funds. (Max 500 words.) *(i.e. How many patients and family members will be involved in application development? How much time will they commit? Will they incur any expenses?)*