

Application form for support from the ADCS research group

Name of organisation:

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Address of organisation:

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Name, email address, and qualifications of person applying for approval and of other researchers involved in the project.

(please give highest level of relevant qualification and specify who will be making contact with children's services departments on behalf of the project)

Applicant:

Name:	Email address:	Qualifications:

Other researchers:

Name:	Email address:	Qualifications:

Title of project:

(this must be the title you use when making contact with children's services departments)

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Subject area to be covered:

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Purpose:

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Cntd...

The Association of Directors of Children's Services Ltd

3rd Floor The Triangle Exchange Square Manchester M4 3TR

Tel:0161 838 5757 Fax: 0161 838 5756 Email: info@adcs.org.uk Website: www.adcs.org.uk

Registered in England and Wales. Company Number: 06801922.

VAT registration number: 948814381.

Methods to be used:

(please give outlines of the questionnaires or interview schedules, sample populations and any other relevant information)

Research Ethics:

How are you addressing the ethical implications of your work – eg informed consent, anonymity, confidentiality?

Does your research involve potentially vulnerable groups, such as children? If so, what particular precautions will you be taking?

If fieldwork (interviews, group discussions etc) is to take place with children or vulnerable adults, have all the staff who will undertake these been CRB cleared?

Timetable:

Overall cost of project:

(please include funding sources and commissioners)

Connections with other pieces of research already completed or underway:

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Children's services departments to be approached:

(details of how many and which)

Potential value to children's services departments:

Likely areas and scale of costs to children's services departments in supplying data or otherwise enabling the project to proceed

(for example, time needed for staff to complete questionnaire)

Plans for the dissemination of findings:

Address to which invoice for fee should be sent, if different from above:

Signed: (see notes in the guideline)

Name in block capitals:

Date:

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