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PRIME - SAIL Collaboration

Bid development support for linked data research

Study contact person: [Title, Name]

Position in PRIME: [Role and title if applicable]

Contact details: [Email, Telephone]

Organisation: [Name and Address]

Date of request: [Date]

Request for SAIL support

[Please complete where applicable]

|  |
| --- |
| 1. Request type: Support Bid Development for Linked Health Data Research |
| [Please select below] |

|  |  |  |
| --- | --- | --- |
| **Proposed funding source** | **Submission deadline** | **Proposed start date** |
| [Name] | [Date] | [Date] |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Research team members | | |
| Name | Role | Responsibilities |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Request type: Support Dissemination and Impact of Linked Health Data Research | | |
| Expected outputs | Proposed submission date |
| [Journal paper, Seminars, Conference events, alternative outputs] | [Date] |
|  |  |

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| 1. Request type: SAIL Data Access Query | | |
| Information governance | Data type |
| [Please state required support] | [data source, variables, size, volume, case mix, completeness] | |

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| --- |
| 1. Request type: Other |
| [Please state below] |

Project/Trial Proposal

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| Project/trial title |
|  |

|  |
| --- |
| Project/trial outline |
| [Aims/objectives and expected outcomes] |
| SAIL scoping support |
| [Feasibility of study/data query support] |
| Additional information |
|  |

Please return completed form to:

|  |  |
| --- | --- |
| Name | Ashra Khanom |
| Address | Swansea University Medical School, ILS 2, Floor 2, Swansea University, Singleton Park, Swansea, SA2 8PP. |
| Email | a.khanom@swansea.ac.uk |
| Telephone | 01792 606649 |

We will aim to respond to your queries within 14 days