Please see: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html#two>

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| **TRAINEE & SUPERVISOR DETAILS** | |
| Trainee name | Click or tap here to enter text. |
| Trainee GMC number | Click or tap here to enter text. |
| Training year | Choose an item. |
| Supervisor name | Click or tap here to enter text. |
| Supervisor status | Choose an item. |
| *If Supervisor is Other, please specify* | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **GENERAL INFORMATION ABOUT THE RESEARCH** | |
| Type of research | Choose an item. |
| *If Type of research is Other, please specify* | Click or tap here to enter text. |
| Proposed research question | Click or tap here to enter text. |
| Aim of research | Click or tap here to enter text. |
| Objectives *[Are these SMART – Specific, Measurable, Achievable, Repeatable, Time-specific?]* | Click or tap here to enter text. |
| Involvement of other contributors | Choose an item. |
| *If Yes, please specify* | Click or tap here to enter text. |
| Has this research been registered locally? | Choose an item. |
| *If Yes, please provide study reference number* | Click or tap here to enter text. |
| Does this research require ethics approval? | Choose an item. |
| *If Yes, please provide ethics approval reference number* | Click or tap here to enter text. |
| Clinical trial registration number (if applicable) | Click or tap here to enter text. |
| Audit/quality improvement intended approval date (if applicable) | Click or tap to enter a date. |

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| **ROLE OF TRAINEE IN RESEARCH** | |
| Study concept/design | Click or tap here to enter text. |
| Obtained ethics committee approval | Click or tap here to enter text. |
| Data collection – *please provide details* | Click or tap here to enter text. |
| Data analysis | Click or tap here to enter text. |
| Interpretation of results | Click or tap here to enter text. |
| Presentation of results | Click or tap here to enter text. |
| Drafting of manuscript/book chapter for publication | Click or tap here to enter text. |
| Revision of manuscript/book chapter for publication | Click or tap here to enter text. |
| Other – *please specify* | Click or tap here to enter text. |
| Is it expected that the trainee (pending satisfactory contribution to the work) will be a named author on published work from the project? | Choose an item. |
| If Yes, what type of authorship is expected from the trainee (i.e. named first author, second author, etc)? | Click or tap here to enter text. |

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| **INTENDED OUTCOME OF RESEARCH** | |
| Presentation of results (locally/regionally/internationally) |  |
| Implementation within medical or surgical education |  |
| Implementation within healthcare or health system |  |
| Ongoing research within subject area |  |
| Publication |  |
| Other – *please specify* | Click or tap here to enter text. |

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| --- | --- |
| Trainee signature | Click or tap to enter a date. |
| Supervisor signature | Click or tap to enter a date. |