

**Gatekeeper Request Form**

**Research**

|  |  |
| --- | --- |
|  | |
| **Full name:** |  |
| **Institution:** |  |
| **Position:** |  |
| **Email address:** |  |
| **Phone number:** | Business: Mobile: |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Purpose of request** | Assistance in recruiting patients to a project or study  Participation of health professionals in a research project  Other, please specify: | |
| **Website (if applicable)** | |  |
| **Please outline details of request** | | |
| **Please include text of message to be included** (if twitter then please include relevant #’s and twitter handles: | | |
| **Please provide Ethics number and Institution:**  **Please attach copy of information sheet and ethics approval** | | |
| **Preferred distribution method**  Please place on the AusACPDM website in the most relevant section, including a “news” item on the home page  *Please indicate what date message should be removed from the website:*  Please include this message in the next quarterly AusACPDM newsletter  Due to time constraints this message would require a stand-alone email, sent in a specific timeframe *(please specify)* | | |
| **Preferred distribution messaging:**  AusACPDM communications team may adapt the messaging and include the relevant information and links.  Due to ethics or other constraints the messages must be distributed exactly as written. | | |

**Acknowledgements:**

Information will be distributed to members electronically.

Informed consent will be obtained from each research participant prior to participation.

Research participants will be able to opt in voluntarily at the start of the study, or out of the study at any time.

Research participant data will be treated confidentially and anonymity of all participants will be preserved.

A summary of the research findings will be provided to circulate to members.

*All gatekeeper requests must be approved by the Scientific Education Portfolio of the AusACPDM. The AusACPDM reserves the right to decline a gatekeeper request if it does not fall within the guidelines for appropriate member communication.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | |
| **Name of Reviewer/s:** | |  | | |
| **Approved by professional body?** | | Yes  No | Comments: | |
| **All conditions acknowledged** | | Yes  No | Comments: | |
| **Suitable for AusACPDM members** | | Yes  No | Comments: | |
| Specific subgroup: | | |
| **Approval to place on website and/or twitter** | | Yes  No | | |
| **Approval to email to members** | | Standalone email | | Include in newsletter |
| Message adapted | | Message sent as is |
| **Request approved** | **Request denied** | | | **More information sought** |
| **Notes:** | | | | |