

**Gatekeeper Request Form**

**Research**

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

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| **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.*

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| **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:**  |