

**Request for access to Primary Care PPI mailing list**

**Please complete the first three sections of this form initially – the PPI Manager will follow up with you after your activities to complete the final section. This form is not shared with the mailing list but is designed to help you think about what PPI input you need.**

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| **All researchers who wish to use the mailing list must accept the** [**mutual expectations agreement**](https://www.phc.ox.ac.uk/ppi/PPI_mailing_list)**. Please read this in full and sign below (electronic is fine). All public contributors on the mailing list are also required to agree to this.** |
| **I have read and accept the mutual expectations agreement:** |

There is an expectation that you will provide feedback to anyone who gets involved in your project, and that wherever possible payment for their time will be offered. Any expenses must be covered (people should not be out of pocket for helping with PPI activities). **The Primary Care Department has a small amount of** [**funding**](https://www.phc.ox.ac.uk/ppi/funding?ref=image) **available for PPI for researchers in that department.**

The Primary Care Department PPI Manager is available to provide advice and support with PPI activities to all staff and students in that department ([polly.kerr@phc.ox.ac.uk](mailto:polly.kerr@phc.ox.ac.uk)). There is also comprehensive [PPI guidance on the MSD website](https://www.medsci.ox.ac.uk/research/patient-and-public-involvement/) and Department [PPI webpages](https://www.phc.ox.ac.uk/ppi/).

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| **RESEARCH DETAILS** |  |
| **Name** |  |
| **Email** |  |
| **Department / Organisation** |  |
| **Project title** |  |
| **Short description of project ( a few sentences in lay language)** |  |
| **Project status (eg pre-funding, ethics approval)** |  |
| **PPI DETAILS** |  |
| **What PPI input are you requesting? (eg feedback on research priorities; joining an advisory group; becoming a co-applicant)** |  |
| **How many people are you looking for?** |  |
| **What is the expected time commitment?** |  |
| **Is any experience/skills needed (including lived experience as a patient or carer, now or in the past)?** |  |
| **How will you decide who to work with if you receive more than the required number of responses? (eg first come, first served; random selection; informal interview – please be upfront about this to anyone who contacts you)** |  |
| **Is any payment for time offered? (Please see** [**NIHR guidance**](https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392) **for recommendations)** |  |
| **Will expenses be covered? (eg for travel, caring costs, home working)** |  |
| **How and when will you provide feedback to patients/public about their involvement?** |  |
| **EMAIL TEXT** |  |
| **Please provide the text that you would like to be sent out to the mailing list.**  You may wish to use this [template](https://www.medsci.ox.ac.uk/research/patient-and-public-involvement/section-4-ppi-in-practice) as a starting point and adapt it to your project. Please consider how you will decide who to work with if you receive more responses than you need. | |
| **PPI OUTCOMES (to be completed later)** |  |
| **Did you recruit enough people?** |  |
| **Were they appropriate for your project? If not, why not?** |  |
| **What was the impact of their involvement? For example, what was changed/validated, what did they gain from being involved, what did you learn?** |  |
| **What feedback have you provided?** |  |
| **Is there any opportunity for further/ongoing involvement for patients/public? (eg if this was for a funding application, will they be part of the project team?)** |  |