

## Expression of Interest for CTU Consultancy Support

Please complete this form to register your interest in our CTU Consultancy Support scheme.

Once complete, please send the form and a trial protocol to [enquiries@bhfcrc.org](mailto:enquiries@bhfcrc.org)

A member of the BHF CRC team will confirm receipt of your request and will send it to your selected CTU for review. You will be contacted within 14 days of the CTU receiving your request to confirm whether the CTU is able to accept your application for support.

\* Required

1. Name of Applicant\*

2. Institution\*

3. Role Title\*

4. Email address\*

5. Telephone number

6. Research Project Topic/Title\*

7. Key Collaborations/Professional Societies/Bodies\*

Please list any research groups or collaborations involved in this research project:

## 8. Please select the most relevant research group(s) of the society/societies for your research area\*

Your proposal will be viewed by the research group of the selected society/societies to enhance collaboration and avoid duplication. Applications will be treated confidentially by the research group and remain your own intellectual property

AICC - Association for Inherited Cardiac Conditions

BACPR - British Association for Cardiovascular Prevention and Rehabilitation

BANCC - British Association for Nursing in Cardiovascular Care

BCCA - British Congenital Cardiac Association

BCOS - British Cardio-Oncology Society

BCIS - British Cardiovascular Intervention Society

BHRS - British Heart Rhythm Society

BIHS - British and Irish Hypertension Society

BSCMR - British Society of Cardiovascular Magnetic Resonance

BSE - British Society for Echocardiography

BSH - British Society for Heart Failure

SCTS - Society for Cardiothoracic Surgery

## 9. Clinical trial outline\*

10. Please list the specific aspects of your research project that you would like to discuss with the CTU team\*

11. Have you previously discussed this research project with a CTU?\*

Yes

No

If yes, please state the CTU and a brief description of the outcome:

12. Have you approached the NIHR Research Design Service about this research project?\*

Yes

No

13. Do you already have an interested/intended funder?\*

Yes

If yes or maybe, please state the name of funder

Maybe

No

14. If applicable, please confirm the deadline for application for funding

15. Preferred CTU for support\*

More detailed information on each CTU can be found on our [website](#)

16. Second choice CTU for support\*