**Excess Treatment Cost Application Form**

**For Secondary Care**

This form should be used to:

* Request ETCs for a Northern Ireland site for a study for which a SoECAT has been approved in the UK

Please include the following with your submission:

* Approved SoECAT or Schedule of Events
* Grant Award letter or Site Agreement/draft CTA if available
* IRAS application
* Study Protocol

|  |  |
| --- | --- |
| **Study acronym** |  |
| **Total funding amount requested** | £ |
| **NI site name (Trust)** |  |
| **Details of study contact at site:** |
| **Name**  |  |
| **Email** |  |
| **Telephone** |  |

Please send a scanned signed copy to:

researchsupport@hscni.net and Sorcha.finnegan@hscni.net

Or complete and forward to:

Research Support

HSC R&D Division

Public Health Agency

Linum Chambers

2 Bedford Square

Belfast

BT2 7ES

**Section 1 - Study Information**

|  |
| --- |
| **Full study name** |
|  |
| **Sponsor** |
|  |
| **Edge/CPMS portfolio number or IRAS reference number** |
|  |
| **Grant funder** |
|  |
| **Grant award date if known** |
|  |
| **Total grant award (e.g. from IRAS form)** |
| £ |
|  |
| **Site Type(s):****Please give details of where the study will take place in Northern Ireland (setting) – this should include details of where participants will be recruited, where an intervention will be delivered, and where any follow-up will take place.**Please note that the site type and activities carried out at different site types will affect the ETC value.It is vital that the Sponsor and/or CI/PI have considered the different site type(s) and associated activities. Within a study there may be more than one site type, with different activities at different sites. If this is the case for your study it is expected that you have access to a soECAT that accurately reflects the activities that are taking place at your NI site. This may result in more than one soECAT for a study and these would have formed part of the IRAS submission. If this is the case please complete a separate ETC application form for each different site type that you wish to claim ETCs for. Please also attach the relevant soECAT (you may need to contact the CI to access this document). If you require further information or clarification please contact the HSC R&D Division. |
|  |

**Section 2 - Study Team Information**

|  |
| --- |
| **Chief Investigator** |
| Title: |  | Address: |
| Name: |  |  |
| Employing organisation: |  |
| Job Title/Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |
| --- |
| **Principal Investigator at Northern Ireland site**  |
| Title: |  | Address: |
| Name: |  |  |
| Employing organisation: |  |
| Job Title/Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |
| --- |
| **Nominated study contact for any queries regarding the application (Sponsor contact)** |
| Title: |  | Address |
| Name: |  |  |
| Employing organisation: |  |
| Job Title/Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |
| --- |
| **Trust R&D Office Contact(s)** |
| Name |  |
| Trust |  |
| E-mail |  |
| Telephone |  |

**Section 3 - Study Details**

|  |  |
| --- | --- |
| **Overall start date of study** | **Overall end date of study** |
|  |  |
| **Overall recruitment target** |  |
| **NI site recruitment target** |  |
| **Study outline** (approx. 300 words) |  |
|  |
| **Proposed date from which ETCs will be incurred at the Northern Ireland site i.e. recruitment start date** | **Proposed end date when ETCs will cease to be incurred at the Northern Ireland site i.e. recruitment end date** |
|  |  |
| **Please enter the per participant ETC value from SoECAT** | **£** |
| **Anticipated recruitment schedule by financial year for the NI site** |
| **Financial Year (please amend as appropriate)** | **22/23** | **23/24** | **24/25** |
| Proposed number of participants to be recruited |  |  |  |
| Total ETC value by financial year based on SoECAT value | £ | £ | £ |

**Section 4 - Declaration and Signatures**

I declare that the information given on the form is complete and correct.

I agree to update figures, and update the HSC R&D Division if any details are modified (e.g. number of sites or anticipated recruitment increases)

**Principal Investigator at NI Site**

Signature: Date:

Name:

**HSC R&D Finance Representative**

Signature: Date:

Name:

**HSC R&D Manager / Director**

Signature: Date:

Name:

Please send this form with the following documents electronically to researchsupport@hscni.net

Funding provided from the HSC R&D Fund is subject to availability and may be affected by other pressures within the HSC; as a result, we are under no obligation to fund Excess Treatment Costs and Service Support Costs. Applicants may be required to seek funding for Excess Treatment Costs and Service Support Costs from other sources. We also reserve the right to refuse funding for any costs that are, in our view, inappropriate and/or excessive.