

**Survey Application Form**

Please complete this form so the Faculty can assess your survey’s suitability for distribution to our members. Approved surveys are shared as links on the FICM website and in the Dean’s email newsletter. **The scheduling of all newsletters/emails and inclusion of specific surveys is at the FICM’s discretion.**
**Please note that the Faculty will not bulk email its members with a message specific to your survey.**

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| --- | --- | --- | --- |
| **Name** |  | **Faculty Ref. No.** |  |
|  |  |  |  |
| **Address** |  | **GMC No.** |  |
|  |  |  |
|  |  |  |  |
| **Email Address** |  | **Telephone No.** |  |
|  |  |  |  |
| **Title of Survey** |
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| **Survey Distribution****Please note:** *Reviewers* ***must*** *have sight of survey questions in order to assess your application*. *If you do not have a link to the online survey tool, a copy of the questions and any question logic* ***must*** *be attached to this application.* |
| Link to online survey: |  |
| Please provide full details of any other planned distribution methods to be used outside of FICM: |
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| **Background (250 words max.)***Briefly describe the context for the survey and why it is of importance, what the problem is you are trying to address, and why it is suitable for a survey of intensivists.* |
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| **Objectives (100 words each max.)** *Clearly state the specific questions that will be answered by this survey* (*please add or remove table rows as required*) |
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| **Faculty Strategy***Please note which areas of the Faculty’s work your survey supports* (*tick all that apply*) *with rationale* |
| ***Tick*** | **Workstream** | **Rationale for inclusion (100 words each max.)** |
|  | Careers, Recruitment & Workforce |  |
|  | Events & Education(including eICM, FICMLearning) |  |
|  | Guidelines & Resources |  |
|  | Legal & Ethical Policy |  |
|  | Patient Information |  |
|  | Professional Affairs & Quality |  |
|  | Training & Examinations(including curricula, ePortfolio) |  |
|  | Other (please specify) |  |

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| **Survey Population** *Please state any section(s) of our membership you wish to appeal to with this survey* (*tick all that apply*) |
| ***Tick*** | **Member** | **Rationale for inclusion (100 words each max.)** |
|  | Consultant |  |
|  | Trainee |  |
|  | ACCP |  |
|  | Pharmacist |  |

*Please also note any specific Faculty role-holders you wish to target* (***leave blank*** *if no specific role involved*)

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| --- | --- | --- |
| ***Tick*** | **Faculty Role** | **Rationale for inclusion (100 words each max.)** |
|  | ICM Regional Advisor |  |
|  | Faculty Tutor |  |
|  | Examiner |  |
|  | Other (please specify) |  |

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| **Survey Piloting** **Please note:** *The Faculty is* ***highly unlikely*** *to approve any survey submission that has not been piloted. If there has been no piloting of your survey, please provide the rationale for this in the further detail box below.* |
| Has the Survey been piloted before submission to the FICM? |  | **Yes** |  | **No** |
| *Please provide further detail on your piloting cohort, process and methodology* **(250 words max.)** |
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**Data Collection Period**

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| --- | --- |
| Length of data collection period (months) |  |

*If you have firm dates for your data collection period, please provide below.* ***Leave blank*** *if dates are flexible.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Opening date: |  |  |  | Closing date: |  |  |  |

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| **Expected Outcome (250 words max.)***Please indicate how you intend to use the information you collect, including a brief description of how you will analyse the data and how you will disseminate any findings, including timescales* |
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**Declaration**

* I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement.
* I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.
* I undertake to provide the FICM with an appropriate and timely summary of the data obtained within 6 months of completion of the survey.

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| **Signature** |  | **Date** |  |  |  |
| *Electronic signatures are accepted* |

**Please submit completed form to** **contact@ficm.ac.uk****.**

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| **FICM REVIEWER COMMENTS OFFICE USE ONLY** |
| **Content and alignment to Faculty work/aims** |
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| **Methodology** |
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**Outcome**

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| --- | --- | --- | --- |
|  | **APPROVED** |  | **NOT APPROVED** |