# Research surgery request form

|  |  |
| --- | --- |
| **Date of surgery requested** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Your name(s)** | Click or tap here to enter text. |
| **Your force or organisation(s)** | Click or tap here to enter text. |
| **Your email address** | Click or tap here to enter text. |
| **Your contact number** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Research topic** | Click or tap here to enter text. |

|  |
| --- |
| **Research question**  What are you trying to find out? For example, ‘What impact does the use of body-worn video cameras have on conviction rates for violent crimes?’ |
| Click or tap here to enter text. |

|  |
| --- |
| **What is your reason for requesting a research surgery?**  For example, advice on appropriate research methodology, how to run a focus group or data analysis. |
| Click or tap here to enter text. |

|  |
| --- |
| **Methodology (if already chosen)**  How do you intend to answer your research question? For example, ‘by interviewing frontline officers about experiences of using body-worn video cameras’ or ‘by analysing internal data held by the force, Crown Prosecution Service and courts’. |
| Click or tap here to enter text. |

|  |
| --- |
| **Please use the space below to provide any further information relevant to your project that you think will help the researcher to understand your project and provide advice.**  For example, how far along your project is, specific issues you’ve encountered or want to discuss. |
| Click or tap here to enter text. |