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|  |  |  |  |  |  |  |
| Study Title: |   |
| Name of Study Lead: |   |
| Institution: |   |
| Contact details | Email: |  |
|  | Phone number |   |
|  | Address |   |
|  |  |   |
|  |  |   |
| Summary of research aim |  |
|  |  |  |
| Support requested from ENRICH ScotlandPlease specify as clearly as possible: |  |  |
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| Is funding in place? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| Funding body: |   |
|  |  |  |
| Participant requirements: | Main inclusion criteria |  |
|  |   |  |
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|  |  |
| Participant requirements: | Main exclusion criteria |  |
|  |   |  |
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|  |  |
| Recruitment Target: |  |  |
| Recruitment Deadline: |  |  |
| How will joining your study benefit the care home? |   |  |
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| Has ethical approval been received? | Yes |

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|  |

 | No |

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| If yes, please return with copy of ethical approvalDoes/will ethics approval include permission to share study information on social media? | Yes |

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|  |

 |  No |

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| Any other supporting information: |   |  |
|  |  |

**Please provide the following documents if applicable:**

Ethics Approval Letter

Study Protocol

Participant Information Sheet