**Request for Engagement with the Dementia Carers Campaign Network (DCCN)**

Due to the high volume of requests the DCCN receives and to ensure a clear and efficient approach to the processing of these requests, we ask that you complete the template below. We will endeavor to respond to your request as soon as possible.

**Section 1 - Contact Details**

|  |  |
| --- | --- |
| Name of organisation |  |
| Name and contact details of lead person for this request |  |
| Title of the work/project (if any) |  |
| Name any other collaborators involved in the work/project  (if any) |  |

**Section 2 – Type of request**

Speaking engagement □

Research participant □

Research advisory capacity □

Focus group □

Ongoing participation in a piece of work/project □

Public awareness campaign □

**Section 3 - Description of the work/project being undertaken**

1. Please provide a brief summary of the work. This will be provided to members of the DCCN and will enable them to make an informed decision about their participation.
2. Outline the specific involvement of the DCCN member(s).
3. How will the consent of DCCN members be sought and agreed?
4. Are there any identified or potential disadvantages/risks to DCCN members participating in this work? If yes, please state what these are.

Yes □ No □

1. In the case of research, is ethical approval required for this work? If yes, has approval been obtained?

Yes □ No □

**Section 4 - Support provided**

1. How will members of the DCCN be supported to participate in this work? (e.g. contact person assigned, support for travel if required, assistance in advance of work, e.g. in preparing a presentation)
2. Will the ASI be required to provide any support?

Yes □ No □

If, so please outline what type (e.g. liaison with DCCN, facilitation of input, follow up)

**Section 5 - Time involved**

1. Outline the timeframe for the project, i.e. when will it/did it commence and the expected finish date.
2. What is the anticipated time involvement of the DCCN?

**Section 6 – Budget**

1. Will expenses be paid to DCCN members involved? (e.g. food, travel and hotel expenses if overnight travel is necessary)

Yes □ No □

1. Is there a budget to cover the support costs provided by the ASI? (e.g. liaison with DCCN, administration, staff time to cover facilitation, travel costs)

Yes □ No □

1. If there are costs associated with delivering this work will these be covered? (e.g. meeting room hire and refreshments)

Yes □ No □

**Section 7 - Acknowledgement and feedback**

1. The DCCN requests that any input or involvement they make will be appropriately acknowledged in the final work/project output. Please outline how this acknowledgement will be achieved.
2. How will the information provided by DCCN members be used?
3. Can confidentiality/anonymity be assured if requested by a DCCN member?

Yes □ No □