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**Information for Researchers**

Thank you for expressing an interest in working with Your Rheum – a national young person’s research advisory group of the Barbara Ansell National Network for Adolescent Rheumatology (BANNAR). The group is supported and funded by the Young People and Families Services – Versus Arthritis.

Your Rheum is a group of 11–24-year-olds from across the UK with diagnosed rheumatic conditions who advise, input into and shape adolescent and young adult rheumatology research.

Your Rheum can give their opinions and advise on research projects in two ways: face-to-face at meetings or via virtual channels such as Microsoft Teams, online activities, phone.

**How to apply to work with the Your Rheum members**

Please read and complete the researcher agreement and research project outline forms below and return them to Catherine Wright by emailing - your.rheum@versusarthritis.org – Catherine is happy to discuss any enquiries as well on 07721880900.

We aim to respond to your enquiry as soon as possible.

For more information about Your Rheum, please visit our website [www.yourrheum.org](http://www.yourrheum.org)

**Researcher Agreement**

I agree to the following conditions:

* I understand that the Your Rheum project team and members will decide whether to take part in any activities I suggest, and their decision is final.
* I understand that any activity proposed can last for no longer than 1.5 hours in any one sitting.
* Activities that require multiple interactions with Your Rheum must be confirmed with the project team before-hand as this may require you to provide funding.
* I will provide adequate, clear, and understandable instructions on how to complete the activity I propose, with support from the project team if necessary.
* I will provide any materials the members need to prepare for my activity in good time.
* I will ensure that any content provided to members is developmentally appropriate.
* I will provide feedback to Your Rheum on the impact their involvement had on my research project and/or the results of the projects.
* I will inform the project team as soon as possible if I no longer need the help of Your Rheum so that they are able to allocate the time to someone else.
* I understand that if I attend a face-to-face meeting the project team may take photos and/or videos of non-confidential content to help publicise the work of Your Rheum
* I understand that the project team will take all reasonable steps to ensure confidentiality of any information provided by myself or my colleagues, however, they cannot be held responsible for the actions of any individual Your Rheum member.
* If I use information and/or insight gained from a Your Rheum activity and publish, Your Rheum will be acknowledged in any publication e.g. ***Your Rheum, a national young person’s research advisory group of the Barbara Ansell National Network for Adolescent Rheumatology supported by Versus Arthritis*.** (Contact the project team if you require a different type of acknowledgement statement.)
* I will also notify the project team of any such publications and provide a pdf of any successful publications so this can be shared with the young people.

|  |  |
| --- | --- |
| Print name  |  |
| Signature |  |
| Date |  |

**Research Project Outline**

|  |  |
| --- | --- |
| **Researcher(s) Name:**  |  |
| **Contact Email:** |  | **Contact Tel.** |  |
| **Hospital/Organisation:** |  |
| **Are you a BANNAR member** | Yes | No |
| **If no, would you like to join BANNAR?** | Yes | No |
| **Research Project Name:** |  |
| **Funder/Potential Funders:** |  |
| **Number of sites involved in the project** |  |

**Q1. What stage is the research project currently at?**

* Development
* Funding application preparation
* Implementation
* Interpretation of results
* Dissemination

**Q2. Please provide a lay outline of the project and what you are trying to achieve.** *What are the key outcomes/goals?*

**Q3. Please provide a lay outline of how exactly you anticipate Your Rheum members will be involved in the research project.**

*For example, what are you expecting them to do and how will you support them in getting involved*

**Q4. Will the activity you are suggesting require you to consult with Your Rheum:**

* Once
* Multiple times - please state estimated number of times and over what time period *e.g. once every 3 months over a year*

**Q5. How long will the activity you are proposing take to complete?**

*Please note one single activity should be no longer than 1.5 hours*

**Q6. Approximately how many young people would you like to have involved in the activity?**

**Q7. Does the activity require young people of a specific age range?** Yes / No

If yes please specify the age range

**Q8. Are you requesting the involvement of:**

* A. Young people with **any** rheumatic condition
* B. Young people with a **particular** condition eg. JIA or SLE. *Please specify the condition in the box below:*

**Q9. The activity needs be completed:**

* Face-to-face
* Teams
* Online
* Telephone

**Q10. What is the timeframe/ deadline the activity needs to be completed by?**

**Q11. What resources will you require for this activity?**

**Q12. How will you provide feedback to Your Rheum members?**