# Gloucestershire Hospitals NHS FT Electronic Research Database Record

# About you

|  |  |
| --- | --- |
| Your Name |  |
| Institution where you completed your research |  |
| Level (e.g. MSc) |  |
| Are you prepared to be contacted about your research by another member of NWAS NHS Trust staff. | Yes / No |

# About your research

|  |  |
| --- | --- |
| 1 Title of your research |  |
| 2 Background |  |
| 3 Objective(s) |  |
| 4 Methodology |  |
| 5 Results |  |
| 6 Discussion |  |
| 7 Conclusion(s) / Recommendation(s)  |  |

If your research is ongoing complete sections 1,2,3 and 4. You can add the other sections later. Email this form to ghn-tr.libraryghnhsft@nhs.net