

Research Assistance Program Application

Study Description and Signatures

To apply for the RAP (Research Assistance Program), please complete all 2 documents in this pdf: Study Description and Signature (including an outline of your study using the template below) and the order form. Also include your purchase order document if paying by purchase order.

All RAP paperwork (and purchase order document if applicable) needs to be submitted via Email:

Email: info@pearsonclinical.co.uk

If you have any questions regarding the RAP program, please email: info@pearsonclinical.co.uk

- I. Title. Indicate the full title of the study that will be conducted. If you are requesting research assistance for more than one study, you must complete a separate application for each study.
- II. Principal Investigator. Indicate the name and institution of the principal investigator of the study. Also indicate the principal investigator's address (both current and permanent), daytime phone number, and email address.
- III. Other Investigators. Indicate the name and institution of all other investigators involved.
- IV. Purpose of the Study. Describe the general purpose of the study.
- V. Methodology. Describe the design of the study, including type(s) and number of participants, the data gathering procedures, the instruments used, and the proposed analyses.
- VI. Duration of the Study. Indicate the date you anticipate that you will complete a formal report of the results. The formal report should be submitted to Pearson within one month of this date.
- VII. Signatures and Authorization. For non-student researchers, your study description must be signed and dated by the principal investigator. For student researchers, your study description must be signed and dated by you and your supervisor, graduate advisor, or committee member. All applications are subject to review by the appropriate Pearson representatives.

I certify that the information contained in this proposal is accurate. I certify that all test materials and scoring services used under the Pearson Research Assistance Program (RAP) will be used in the above non-billable research project. I certify that the use of test(s) is clearly an appropriate application utilizing ethical administration procedures as defined in the test manual. I understand and agree that all materials utilized under this program are subject to the RAP contract terms and conditions stated and in the current Pearson catalogs. I understand that these materials may not be copied or reproduced in any way. In consideration of the granting of this research assistance for test materials and scoring services, I agree to provide Pearson with a formal report of the results of the research project described above within one (1) month after the report is completed. I authorize Pearson, on a royalty-free basis, to copy and distribute the formal report of this research project to interested researchers and clinicians.

I understand that this application is subject to review by the appropriate Pearson representatives.

Please complete the following signatures and authorization:

Principal Investigator's SIGNATURE	Print Name	Date
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If the *principal investigator IS a student*, please also provide the following:

Research Supervisor, Graduate Advisor, or Committee Member SIGNATURE	Date
----------------------------------------------------------------------	------

Full name of the Graduate Program and Institution

Pearson Representative SIGNATURE	Date
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If the order is for an already approved study, please provide this information:

Name of approved study: _____

Name of primary investigator: _____

Account number: _____

RAP Order Form 2018

1 Ship to: (Note: We cannot ship to P.O. Boxes)

Name _____
 Title _____
 Organisation _____
 Street _____
 City _____ County _____ Postcode _____
 Phone () _____
 Email _____
 (Please use your Q account email above if ordering Q products.)

All RAP paperwork (and purchase order document if applicable) needs to be submitted via Email:

Email: info@pearsonclinical.co.uk

If you have any questions regarding the RAP program, please email us.

2 Bill to: (if different)

Name _____
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 City _____ County _____ Postcode _____
 Phone () _____
 Email _____

Have you ordered from Pearson before?

Yes No (If first order, please register online at PearsonClinical.co.uk)

Ordering Q products? Please identify for what type of account:

New User Q-global® Q-interactive®

Account # _____

3 Product Description or attach Purchase Order (PO)

Product Description	ISBN	Quantity	Unit Price	Total Price

4 Payment (Note: We cannot accept cash)

Purchase Order* # _____

*If you are submitting a purchase order, please attach it to this completed order form.

Pearson only accepts credit card payments through its e-commerce portal, call center. Credit Card information is not accepted via paper order to protect your personal information.

Prices effective from January 1, 2018 to December 31, 2018 and subject to change without notice. Terms are balance net 30 days, Please see Terms & Conditions at PearsonClinical.co.uk

5 Shipping

VAT Exempt?

Pearson must have a copy of certificate on file.

Subtotal

Add VAT (OFFICE USE ONLY)

Standard Order Shipping £4.50

(OFFICE USE ONLY) TOTAL £

6 Authorisation

I authorize Pearson to ship this order and agree to the terms set forth on the Pearson website, including the terms of the User Acceptance Form, the Terms & Conditions and the Returns Policy at PearsonClinical.co.uk

Authorised Signature _____

Title _____ Date _____

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