



## GUIDELINES AND REQUIREMENTS FOR RESEARCH RECRUITMENT REQUESTS

The Ontario Federation for Cerebral Palsy is committed to supporting the most advanced and highest quality of Cerebral Palsy research, including the research into cures, causes, efforts at prevention, improved treatment and/or understanding of cerebral palsy. The OFCP accepts applications for research participant recruitment from the fields of biomedicine, health services and systems research, population studies and clinical research. The OFCP Cerebral Palsy Medical and Research Advisory Board is pleased and proud to assist fellow researchers who meet criteria in order to help recruit participants for their projects. For additional information please contact our office directly.

### APPLICANT INFORMATION

1. Research Institution \_\_\_\_\_

Address: \_\_\_\_\_

2. Lead Researcher

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Information

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full working title of research project: \_\_\_\_\_

\_\_\_\_\_

4. Description and details of study (please attach separate page if needed) \_\_\_\_\_

Main research question: \_\_\_\_\_

Primary objective: \_\_\_\_\_

Secondary objectives (if any): \_\_\_\_\_

What kind of participants are you seeking: \_\_\_\_\_

Main expectations of participants: \_\_\_\_\_

Time commitment from participants: \_\_\_\_\_

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5. What are your requested dates for recruitment posting on the OFCP website?

Start: \_\_\_\_\_ End: \_\_\_\_\_

(If you would like your recruitment request posted on OFCP Facebook page and in our next newsletter, please indicate. YES \_\_\_\_\_ NO \_\_\_\_\_ )

6. In addition to any other reports and publications, OFCP expects every study to complete a plain-language report written in lay language that will be sent to every participant and can be posted on our website. Please tell us how you plan to accomplish this.

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7. Please advise how participants will be reimbursed for their time, travel and parking expenses.

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8. Please provide copies of the following documentation.

- Research Ethics Board approval
- Recruitment letter and script/questions for participants
- Informed consent form for participants to sign

Note: Only applications with **all** required information will be forwarded to the OFCP Cerebral Palsy Medical and Research Advisory Board for their review. Please do not forward partially complete applications or original grant applications. Send by email to Cathy Persons at [cathy@ofcp.ca](mailto:cathy@ofcp.ca). If you have any questions please contact OFCP at 416-244- 9686 or toll free 1-877-244-9686, ext. 224.

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Date of Application

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Signature Lead Researcher

