**Innovations in Physiotherapy Database Submission**

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| **For CSP use only – Reference** |  |
| **Full name** (Title, first name and surname) |  |
| Job title  |  |
| Service name details  |  |
| **Case study region** |  |
| **Telephone number** |  |
| **Email address** |  |
| **What is your CSP membership number?** |  |

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| **Title:** **Author(s):** **Location:** **Word count:** The total word count must not exceed 1000 words incl. the main abstract title and any references, but excl. subtitles and submission form guidance text. Additional subtitles added by the author(s) will be added to the word count.  |
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| **Purpose**What is the main reason for undertaking the project/initiative?Any secondary objectives?  |

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| **Approach** i.e. methods / evaluationWhat methods did you use?  |

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| **Outcomes**What were your main findings from your results/project? (e.g. patient-reported outcome measures, patient related experience measures, staff-reported outcomes, admissions, length of stay, transfers in care, impact on social care needs) |

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| **Cost and savings** How much did your project cost to run and set up?Were there any savings? (e.g. cash or increased productivity or efficiency) |

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| **Implications**What are the implications of the project?What are your suggestions for future work?How will the results be implemented into physiotherapy practice/ management / education /policy? |

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| **Top three learning points**What did you learn from doing the project? |

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| **Additional notes**e.g. links to further information about the project, any press/publicity generated locally |

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| **Funding acknowledgements** Please acknowledge all funding sources that supported your work. If the work was unfunded, please state this. |

**Consent**

a. Have you sought and been granted consent to share this information with CSP from the relevant authority in your hospital/practice?

Yes/No

b. Have you ensured no patient or confidential information is included in your submission?

 Yes/No

c. Can we share your work with other organisations? *(For example, we may use your initiative in influencing and promotional work with regulatory bodies)*

 Yes/No

d. Do you confirm, including on behalf of any co-authors, transfer of copyright of the submitted work, to be published electronically on the CSP’s open access Innovations in Physiotherapy database, and in other formats (eg print materials, digital materials, social media)?

The author retains the right to publish their work elsewhere, or use the submitted information for personal use or as part of their work, as long as it does not compromise the CSP’s copyright.

 Yes/No

e. Can we include your email address in your published submission? Doing so allows other organisations to contact you directly about your work.

 Yes/No

If yes, please ensure the email address provided on page one is suitable for this purpose.

Signature:

Name:

Date: