**Annual Research Showcase for Non-Medical Professionals**

**Abstract Submission form – Friday 26th July 2019**

**SECTION A – PERSONAL DETAILS**

**1. Name (presenter only): 2. Email address:**

**3. Department and Organisation: 4. Job title:**

**5. Work telephone number: 6. Job Band (please select):**

6 or below 7 and above

\*Bands 1-6 qualify for entry to the junior research prize

**SECTION B – RESEARCH DETAILS** (please select most appropriate response)

1. Which discipline do you represent?: Allied Health Healthcare Sciences Nursing

1. Indicate your research area: Cardiovascular  Respiratory  Paediatrics  Other
2. List up to 3 keywords that describe your work (MeSH terms preferred):
3. Is your work part of a larger project OR a standalone project? Larger project Stand alone
4. Are you the project lead?  Yes  No

If NO, please indicate your involvement:

1. Is your project funded?  Funded  Unfunded

If YES – please indicate your source of funding:

1. Is your project part of a higher qualification?  Yes  No

If YES – please indicate what type of higher qualification  MSc  MA  PhD  other

1. Has your work been presented before?  Yes  No

If YES – please indicate when and where:

1. All abstracts accepted will be for a poster presentation. A small number of abstracts will in addition be selected for oral presentation. Please tick the box if you would like to be considered to present orally:

I would like to be considered for an oral presentation

**SECTION C – ABSTRACT – 300 word limit**

NB. All abstracts must be submitted using the table below. Abstracts that exceed 300 words (excluding title, authors and acknowledgements) or do not have any methods results or conclusions will not be accepted.

|  |  |  |
| --- | --- | --- |
|  | **Title** |  |
|  | **Author(s) and affiliations** |  |
| **300 word limit** | **Aims and Objectives** |  |
| **Methods** |  |
| **Results** |  |
| **Conclusions** |  |
| **Implications** |  |
|  | **Acknowledgements** |  |