Center for Community Health - Consultation Request Form

Please answer the following questions in relation to the specific project or proposal for which you are requesting assistance. Click the “Submit” button when you are done. Requests for support should be submitted as soon as possible, otherwise we cannot guarantee assistance.

After submitting the form, a member of the CCH team will contact you within 3 business days.

Today's date: _____

Contact Information

Name: _____

Title: _____

Department: _____

Please select your primary organizational affiliation (select one):

- ◯ Academic
- ◯ Affiliate
- ◯ Community-based Healthcare Provider
- ◯ Community or Faith-based Organization
- ◯ Hospital/Health System (not affiliated with Northwestern)
- ◯ Public Agency
- ◯ Patient Advocacy Organization
- ◯ Other:

Please specify: _____

Please specify primary academic affiliation:

- ☐ Northwestern University
- ☐ Northwestern Medicine Group
- ☐ Ann and Robert H. Lurie Children's Hospital of Chicago
- ☐ Rehabilitation Institute of Chicago (RIC)

Email: _____

Phone Number (XXX) XXX-XXXX: _____

NetID (if Northwestern University): _____

What is your role on the project?

- ◯ Principal Investigator
- ◯ Co-Principal Investigator/Co-Investigator Other
- ◯ Community Collaborator
- ◯ Project Staff
- ◯ Other:

Please specify: _____

Principal Investigator's (PI) contact information:

PI's first name: _____

PI's last name: _____

PI's NetID (if Northwestern University): _____

PI's primary organizational affiliation:

- ◯ Northwestern University
- ◯ Northwestern Memorial HealthCare
- ◯ Ann and Robert H. Lurie Children's Hospital of Chicago
- ◯ Rehabilitation Institute of Chicago (RIC)

PI's primary department:

- ◯ IPHAM
- ◯ NUCATS
- ◯ OTHER, NON-FSM (please specify below)
- ◯ Anesthesiology
- ◯ Biochemistry and Molecular Genetics
- ◯ Cell and Molecular Biology
- ◯ Dermatology
- ◯ Emergency Medicine
- ◯ Family and Community Medicine
- ◯ Medical Education
- ◯ Medical Social Sciences
- ◯ Medicine
- ◯ Microbiology-Immunology
- ◯ Neurological Surgery
- ◯ Neurology
- ◯ Obstetrics and Gynecology
- ◯ Ophthalmology
- ◯ Orthopaedic Surgery
- ◯ Otolaryngology
- ◯ Pathology
- ◯ Pediatrics
- ◯ Pharmacology
- ◯ Physical Medicine and Rehabilitation
- ◯ Physical Therapy and Human Movement Sciences
- ◯ Physiology
- ◯ Preventive Medicine
- ◯ Psychiatry and Behavioral Sciences
- ◯ Radiation Oncology
- ◯ Radiology
- ◯ Surgery
- ◯ Urology

PI's primary department - Please specify: _____

PI's email: _____

Project/Study Description

Provide a brief description of the project or proposal. Describe the research topic, community of focus, project aims/research objectives, and research design. (250 words or less)

_____

Or you can upload a project/study abstract here.

Consultation Request

What type of consultation support do you need? (Select all that apply)

- ☐ Assess engagement strategies that can strengthen my project/proposal
- ☐ Review a draft research proposal or consult on project design
- ☐ Discuss project feasibility within a community setting
- ☐ Receive group consultation via Stakeholder-Academic Resource Panels (ShARPs) - small group feedback from community and academic experts tailored to your project.
- ☐ Receive a letter of support from CCH
- ☐ Identify funding opportunities
- ☐ Develop stakeholder engagement and/or maintenance strategies
- ☐ Access training/education on a variety of stakeholder engagement topics
- ☐ Develop a dissemination and/or implementation plan for non-academic audiences
- ☐ Discuss academic dissemination and/or review a draft journal manuscript
- ☐ Receive promotion and tenure advice
- ☐ Other:

You indicated you wanted support engaging and/or maintain stakeholders partnerships. What can we help you with? (Select all that apply)

- ☐ Identify stakeholders
- ☐ Identify academic partners
- ☐ Form a community advisory board
- ☐ Discuss appropriate stakeholder compensation
- ☐ Obtain a Federal Wide Assurances for collaborating stakeholders
- ☐ Host a Community-friendly Human Subjects Certification Training. **Available in English & Spanish
- ☐ Identify project sites
- ☐ Recruit/retain research participants

Please specify: _____

Anticipated Deadlines

Are there any anticipated deadlines or time constraints we should be aware of (e.g. proposal submission deadline, funding opportunity, etc.)?

_____

Any additional comments?

_____

How did you hear about us?

- ◯ Community partner
- ◯ Faculty investigator
- ◯ IPHAM
- ◯ NUCATS
- ◯ Event/Presentation/Workshop
- ◯ Web site
- ◯ Word of mouth
- ◯ Other (please specify):

Please specify:

_____