

The Royal College of Ophthalmologists Survey Application

Please complete this form so the College can ascertain if this is a suitable survey to distribute to our members and help identify the most appropriate cohort of respondents and effective way of distributing the questionnaire.

Name: _____

Address: _____

Phone: _____

Email: _____

Title of study:

Background *Briefly describe the context for the survey and why it is of importance, what is the problem you are trying to address, why it is suitable for a survey of ophthalmologists.*

Aims and Objectives *Clearly state, in bullet format, the specific questions that will be answered by this survey.*

Survey Population *Please state which section of our membership you would like to include in this survey E.g. UK Consultant Ophthalmologists and provide a brief justification for your choice*

Expected Outcome Please indicate how you intend to use the information you collect. Please include a brief description of how you will analyse the data and how you will disseminate any findings)

Please return this form with all questionnaires and covering letters that you intend to use (or a link to an online questionnaire).

Applications will be reviewed and will be assessed. We hope to be able to return comments within 3 weeks.