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|  |  Leading the trading standards profession |

# CPCF Trading Standards Advanced Practitioner - PROJECT PROPOSAL FORM

## Candidate Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Candidate No |  |
|  | Last | First |  |  |  |
| Authority: |  |  Email: |  |

## Project Information

 Proposal will be between: 750-1000 word-count (excluding any Reference List, Participant Information Sheets or Consent forms)

 Project proposal will constitute: 10% weighting towards final mark

|  |  |
| --- | --- |
| Provisional Title |  |

|  |  |
| --- | --- |
| Aims and Objectives |  |

|  |  |
| --- | --- |
| Background and Context |  |

|  |  |
| --- | --- |
| Literature Review |  |

|  |  |
| --- | --- |
| Proposed Methodology |  |

|  |  |
| --- | --- |
| Timeframes |  |

|  |  |
| --- | --- |
| References |  |

## Disclaimer and Signature

 It is recommended that it will take up to 300 hours during the time spent on your project. This will mean it is likely that you will be required to work on your project during non-working hours to meet the submission deadline for marking.

 Please sign and date below.

|  |  |
| --- | --- |
| Candidate Signature |  |
| Date |  |

The proposal put forward by the above-named candidate must have the full support of their authority/service/employer. It is expected that the candidate will be provided with opportunities and time to work on their project during working hours.

 It is required that the signature of the candidate’s manager (or other appropriate person) signs to confirm they support the proposal

 and will provide support to the candidate.

|  |  |
| --- | --- |
| Candidate Signature |  |
| Date |  |

## Employer & Payment Details

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  |  |  |
| *Are CTSI to invoice your employer for your fees?* | YES[ ]  | NO[ ]  |   |

|  |  |
| --- | --- |
| If yes, please attach a copy and state your Purchase Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |
| Alternative Payment options:For Credit Card payments; please leave a name and contact number and someone from our accounts team will contact you directlyName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To pay by cheque please attach to this form and tick here [ ]  |  |

## Personal Data

The Chartered Trading Standards Institute (CTSI) will use any personal data supplied by candidates or their employers solely for the purpose of CPCF registration and qualifications.

Personal data will only be retained and shared within the CTSI group of companies, and any of our suppliers as appropriate, in fulfilling CTSI’s obligation of providing those qualifications services and complying with any financial and regulatory requirements.

Your personal data will be processed in compliance with data protection legislation. For more details, please visit our data protection polices and your rights page at: <https://www.tradingstandards.uk/about-ctsi/data-protection> or email dataprotection@tsi.org.uk.

## Further Communication

From time to time we would like to contact you (or your organisation) via email with further and future developments within the qualification. If you would not like to be contacted regarding this please email the qualification team: qualifications@tsi.org.uk

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| --- | --- |
| **Ethics Checklist** | **Please ensure you have completed the checks below prior to submission of your proposal.** |

 Your project should be completed in accordance with your authority/employer’s own ethics policy(s). **A copy of your policy should be included with this submission and with your project.**

 I confirm I have read though and understand my authority/employer ethics policy(s):

 **Candidate Signature:** ……………………………………………… Dated: ……………………………………..

 Indicated below are the key areas that you must ensure you are aware of:

 You will have provided research participants with sufficient information to make an informed decision as to whether to take part in your research (informed consent).

 **People – will your project involve any of the following categories**

 Under 18 ‘s? ……………………………….……………………………………………………….

 Physically or mentally ill? …………………………………………………………………………

 Disability? …………………………………………………………………………………………..

 Member(s) of vulnerable or stigmatized minority? ……………………………………………..

 Dependent relationship with the researcher? …………………………………………………..

 Difficulty in reading and/or comprehending any printed material distributed as part of the

 Research process? ……………………………………………………………………………….

 Vulnerable in other ways? ……………………………………………………………………….

 **Sign to confirm you have the appropriate consent form(s):** …………………………………

 (where children will be used as part of your project, you must have consent of their parent/legal guardian)

 You are aware of any special requirements/care associated with any child or vulnerable adult during the course of your contact with them, for the purposes of your project. State below what actions you will need to take (where applicable).

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 **Organisations/company’s involvement**

 You have sought permission from the appropriate person to involve the organisation/company in your project findings and to use data collected.

 **Sign to confirm you have the appropriate consent form(s):** …………………………………

 Confirm you have informed all participants they may withdraw from this process at

 any time and are aware of the intended outcome. …….………………………………

 You are aware of any safety precautions/security measures needed (if applicable) whilst

 compiling your data and prepared how you will deal with these in advance. This will be in

 All personal/corporate data collected will be stored in accordance with your authority’s/

 employer’s own privacy and confidentiality policies, and in accordance with GDPR.