



## Registration Form

Date

Thank you for your interest in mASCARA. Please complete the registration form below. A lead clinician should be identified as well as up to 4 further clinicians. Clinicians named on this form will be accredited in any publications from this work.

To take part you must gain local research and information governance approval. All participating members must also have received information governance training.

Please contact the study co-ordinator ([chelwest.mascararegistry@nhs.net](mailto:chelwest.mascararegistry@nhs.net)) if you have any questions.

## Specialist Department Details

Hospital Name

Hospital City

Hospital Country

## Lead Clinician

Title

Role

First Name

Last Name

Email Address

Telephone Number

Have you completed the recommended Information Governance Training?

Yes

No

Would you like a mASCARA login?

Yes

No

## Co-Investigator #1

Title	Role
First Name	Last Name
Email Address	Telephone Number
Have you completed the recommended Information Governance Training?	Yes No
Would you like a mASCARA login?	Yes No

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## Co-Investigator #2

Title	Role
First Name	Last Name
Email Address	Telephone Number
Have you completed the recommended Information Governance Training?	Yes No
Would you like a mASCARA login?	Yes No

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## Co-Investigator #3

Title	Role
First Name	Last Name
Email Address	Telephone Number
Have you completed the recommended Information Governance Training?	Yes No
Would you like a mASCARA login?	Yes No

## Co-Investigator #4

Title

Role

First Name

Last Name

Email Address

Telephone Number

Have you completed the recommended Information Governance Training?

Yes

No

Would you like a mASCARA login?

Yes

No

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## Privacy Statement

The information supplied will be used to set up your log in for mASCARA. It will not be shared beyond the Study Management Group or processed for any other use. Your information will be held securely at Imperial College London. If required, the study co-ordinator may contact you using the supplied contact details to disseminate study results or permit study administration. You can request to have your contact details removed at any time by emailing [chelwest.mascararegistry@nhs.net](mailto:chelwest.mascararegistry@nhs.net). Your details will only be kept for as long as required to complete data collection. By completing this form you consent to allow us to process your information for the purpose stated above and confirm that you have obtained the consent from any other clinicians named on the form.