



CSTAR
CENTRE FOR SUPPORT AND TRAINING
IN ANALYSIS AND RESEARCH

INITIAL CONSULTATION FORM

COMPLETE THIS FORM AND EMAIL TO cstar@ucd.ie TO SCHEDULE AN INITIAL CONSULTATION

DATE

YOUR NAME

PHONE NUMBER

INVOICE ADDRESS

CONTACT EMAIL

INSTITUTION

DEPARTMENT

SECTOR

CURRENT POSITION

From Holles Street or a UCD Postdoc? ☐ Yes ☐ No

YOUR PROJECT TITLE

URGENT ☐ Yes ☐ No

If urgent, indicate date of deadline

***It is important that you allow enough time for consultation process / analysis to be completed**

PROJECT INSTITUTION

FUNDING SOURCE

SUPERVISOR / P.I.

Is your supervisor aware that you are approaching CSTAR?

☐ Yes ☐ No

Will you need to share data with us?

☐ Yes ☐ No ☐ Maybe

QUERY / ASSISTANCE NEEDED FOR (Tick all that apply):

☐ Study Design or Initiation

☐ Ongoing Study

☐ Publication or Presentation

☐ Training Course (Details)

☐ Other (Details)

****NOTE: Please do not send us your data until we have data transfer agreements in place.**