**Appendix 22: Copyright and IPR permission request form**

Please comprehensively complete **all** fields of the relevant section with no abbreviations.

Select the section you wish to complete:

[**Section 1:** Copyright](#_Section_1:_)

[**Section 2:** Seeking approval for IPR](#_Section_2:_)

Please note: incomplete forms will be rejected

# Section 1: Copyright

If you wish to reproduce excerpts from a report, book or journal in another publication please complete all sections below and return this form.

Before you submit a permission request, please make sure that the material you wish to reproduce belongs to the Healthcare Quality Improvement Partnership (HQIP) and is not credited to another source. Requests must be made in writing and sent by email to the address below.

We aim to respond within 10 working days. Email [communications@hqip.org.uk](mailto:communications@hqip.org.uk)

## Section 1a: Contact details for person seeking copyright permission

|  |  |
| --- | --- |
| 1. Date | Click or tap to enter a date. |
| 1. Name of person seeking application | Click here to enter text. |
| 1. Name of organisation   *(in full, no abbreviations)* | Click here to enter text. |
| 1. Full address   (*including post code)* | Click here to enter text. |
| 1. Country | Click here to enter text. |
| 1. Email | Click here to enter text. |
| 1. Telephone | Click here to enter text. |

## Section 1b: Information about the HQIP copyrighted material

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Full title of the report/article/other material | Click here to enter text. | | |
| 1. Author(s)/editor(s) of publication/article/other material | Click here to enter text. | | |
| 1. Year of publication | Click here to enter text. | | |
| 1. Volume and issue (if relevant) | Click here to enter text. | | |
| 1. Please provide full details of the material to be reproduced: | | | |
| * 1. Page number(s)/figure number(s)/table legend for extract | | Click here to enter text. | |
| * 1. Will the material be reproduced adapted or un-adapted? | | Adapted | Un-adapted |
| *If the material is to be adapted, then please specify exactly how it will be adapted* | | Click here to enter text. | |
| * 1. Provider any further detail here that will support your copyright request | | Click here to enter text. | |

## Section 1c: Information about your publication/intended use

|  |  |  |
| --- | --- | --- |
| 1. Author/editor | | Click here to enter text. |
| 1. Working title | | Click here to enter text. |
| 1. Publisher | | Click here to enter text. |
| 1. Territory *(UK only/Europe only/world)* | | Click here to enter text. |
| 1. Languages/translations | | Click here to enter text. |
| 1. Total print run quantity   *(add estimated quantity if exact quantity unknown)* | | Click here to enter text. |
| 1. Publication date   *(add estimated date if exact date unknown)* | | Click here to enter a date. |
| 1. Selling price, if applicable   *(add estimated price if exact price unknown)* | | Click here to enter text. |
| 1. Intended format   *(select all that apply)* | Print | |
| eBook | |
| App | |
| Website | |
| Photocopying | |
| Other  *If other, please specify:* Click here to enter text. | |

## Section 1d: Contact details for HQIP invoice (if applicable)

|  |  |
| --- | --- |
| 1. Name | Click here to enter text. |
| 1. Full address   *(including postcode)* | Click here to enter text. |
| 1. Country | Click here to enter text. |
| 1. Email | Click here to enter text. |
| 1. Telephone number | Click here to enter text. |

*The Healthcare Quality Improvement Partnership will issue you with confirmation and a formal invoice for payment, which must be settled within 1 month of receipt. Thank you for your interest in HQIP publications.*

# Section 2: Seeking approval for IPR

If you wish to obtain a IPR approval for use of material developed under the HQIP contract, please complete all sections below and return this form.

Before you submit a permission request, please make sure that the IPR requested belongs to the Healthcare Quality Improvement Partnership (HQIP). Requests must be made in writing and sent by email to the address below.

We aim to respond within 20 working days. Email [communications@hqip.org.uk](mailto:communications@hqip.org.uk)

## SECTION 2A: Contact details for person seeking IPR

|  |  |
| --- | --- |
| 1. Date | Click or tap to enter a date. |
| 1. Name of person seeking approval for IPR | Click here to enter text. |
| 1. Name of organisation   *(in full, no abbreviations)* | Click here to enter text. |
| 1. Full address   (*including post code)* | Click here to enter text. |
| 1. Country | Click here to enter text. |
| 1. Email | Click here to enter text. |
| 1. Telephone | Click here to enter text. |

## Section 2b: Information about the HQIP IPR materials requested

|  |  |
| --- | --- |
| Please provide full and comprehensive details of the IPR materials being requested | Click here to enter text. |
| 1. How will the materials be used? | Click here to enter text. |
| 1. Will the materials be used for any commercial purpose? | Click here to enter text. |
| * 1. If yes, then please provide as much detail as possible | Click here to enter text. |
| 1. Revenue generated through the use of IPR material | Click here to enter text. |