

Licence for Non-profit organisation

Use this form to request a free licence for the use of the Quality of Life questionnaires.

Free licenses are granted if the study/use is **publicly funded** (e.g. funded by Medical Research Council or National Institutes of Health or other government bodies), and also to **not-for-profit institutions and academics for studies not funded by for-profit organisations**. If you intend using the questionnaires for any other purpose, please [return to the start page](#) and select the correct option.

If you wish to use the **Cardiff Acne Disability Index (CADI)** or **Psoriasis Disability Index (PDI)**, please contact technologytransfer@cardiff.ac.uk

For **FROM-16** only, all requests for licensing and for information have to be submitted through the [ePROVIDETM](#) platform.

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The online form provides an instantaneous licence. The form and the terms and conditions attached to it form the agreement. Once you submit the form you will receive a confirmatory e-mail to state the license has been granted.

If you need any help with licensing, please contact technologytransfer@cardiff.ac.uk. For all other queries e.g. translation, validation or electronic use, contact dermqol@cardiff.ac.uk.

Client Title

First name

Client Surname

Client Email

Confirm client email

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Type of use

Please select from this list how you are planning to use the questionnaire, or the type of study and institution you are associated with.

Select

For **routine clinical use**, no licence is required. Please visit the [Dermatology Quality of Life website](#) to download a copy of the questionnaire.

If you cannot find a relevant type of use on this form please contact dermqol@cardiff.ac.uk providing details of how you would like to use the questionnaire.

Institution / Organisation Name

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code / Zip Code

Country

Select

Study Number / Reference / Code

Study Title

Number of participants

Study start date The licence is valid from when you submit this form

Expected Study End Date ? Please use the date format DD/MM/YYYY

27-06-2023

Questionnaire type Please note, a separate licence is required for each type of questionnaire.

Select

Accept Licence terms (Free licence)

I agree to the [Terms and conditions of the licence](#)

Authorisation

I confirm that I have the authority to request a licence on behalf of the institution / organisation that I represent

Submit

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