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Form No. 1

APPLICATION FOR RESEARCH APPROVAL

1. Title of Research Proposal

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2. Person submitting this application

Name	
Position	
Qualifications	
Address	
Phone/s	
email	

3. Principal Investigator (PI) if different to No 2 above

Name	
Position	
Qualifications	
Address	
Phone/s	
email	

4. Area of Research (please tick)

Palliative Care	Rheumatology	Gerontology
Other (specify)		

5. Type of Research (please tick)

Clinical	Non-Clinical
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6. Has approval been sought / received from a Research Ethics Committee?		
<i>(please tick)</i>		
	Yes	No
<i>Please provide details</i>		

7. Name and Position of Supervisor/s	
Academic	
Clinical	
Other	

8. Name and role of others involved in this research <i>(if any)</i>

9. Previous research experience of Principal Investigator and others involved in this research. <i>(Presentations, abstracts, papers)</i>

10. Proposed duration of research	
Start date	End date

11. Will the project lead to an educational award (tick) Yes / No	
If yes, name award	
Academic institution	
Expected date of graduation	
Name of graduand	

12. Principal research question or hypothesis to be tested

13. Summary of research proposal <i>(Brief description of background to project, rationale, primary and secondary aims etc. Max 200 words).</i>

References <i>(Up to 5 max)</i>	
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ii	
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v	

14. Is this a piece of original research? <i>(elaborate)</i> Yes / No

15. Describe the population and/or sample to be studies		
Sample (e.g. patients, residents, staff, students)	Number	Description (e.g. location, age)

16. Describe data collection methods to be used (administration of instruments and timelines – include a copy of questionnaires, surveys, interview protocols etc.)			
Sample (e.g. patients, residents, staff, students)	Instrument / type of data	Time required (days, weeks etc.)	Timeline From To

17. Describe the statistical or other analysis techniques to be used (200 words).

18. In what form/s and to whom will the findings be reported. Please indicate if and where it is intended to publish the findings.

19. What resources are required to conduct the research and what are the proposed or approved sources of funding?

20. Name and number of any documents attached to this application
1.
2.

I confirm that the information provided here is true and accurate to the best of my knowledge. I confirm that I have read and agree to adhere to the policy in relation to Approval of Research and Research Funding in Our Lady's Hospice & Care Services (Ref OLH-GN 076 dated 8 January 2016).

21. Applicant Signature	Date