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| Form No. 1: APPLICATION FOR RESEARCH APPROVAL |

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| 1. **Title of Research Proposal** |
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| 1. **Person submitting this application** | |
| Name |  |
| Position |  |
| Qualifications |  |
| Address |  |
| Phone/s |  |
| email |  |

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| 1. **Principal Investigator (PI) if different to No 2 above** | |
| Name |  |
| Position |  |
| Qualifications |  |
| Address |  |
| Phone/s |  |
| email |  |

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| 1. **Area of Research** *(please tick)* | | |
| Palliative Care | Rheumatology | Gerontology |
| Other *(specify)* | | |

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| 1. **Type of Research** *(please tick)* | |
| Clinical | Non-Clinical |

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| 1. **Has approval been received from a Research Ethics Committee?** Yes  No |
| *Details* |

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| 1. **Name and Position of Supervisor/s** | |
| Academic |  |
| Clinical |  |
| Other |  |

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| 1. **Name and role of others involved in this research** *(if any)* |
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| 1. **Previous research experience of Principal Investigator & others involved.** *(Presentations, abstracts, papers etc.)* |
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| 1. **Proposed duration of research** | |
| Start date | End date |

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| 1. **Will the project lead to an educational award** (*tick*) Yes  No | |
| If yes, name award |  |
| Academic institution |  |
| Expected date of graduation |  |
| Name of graduand |  |

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| **12. Principal research question or hypothesis to be tested** |
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| **13.1. Summary of research proposal** *(Brief description of background to project, rationale, primary and secondary aims etc. Max 200 words).* | |
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| **13.2 References** *(Up to 5 max)* | |
| i |  |
| ii |  |
| iii |  |
| iv |  |
| v |  |

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| **14. Is this a piece of original research?** Yes  No |
| *details* |

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| **15. Describe the population and/or sample to be studies** | | |
| *details* | | |
| Sample *(e.g. patients, staff, students)* | Number | Description *(e.g. location, age )* |
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| **16. Data collection methods to be used** (*administration of instruments and timelines – include a copy of questionnaires, surveys, interview protocols etc*.) | | | |
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| Sample *(e.g. patients, staff, students)* | Instrument / type of data | Time required *(days, weeks etc.)* | Timeline  From To |
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| **17. Describe the statistical or other analysis techniques to be used** *(200 words).* |
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| **18. In what form/s and to whom will the findings be reported.** *Indicate if and where it is intended to publish the findings.* |
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| **19. What resources are required to conduct the research and what are the proposed or approved sources of funding?** |
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| **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 12 Oct 2017).

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| **Applicant Signature** | **Date** |
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