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**APPENDIX A**

**AD- 01-150**

**RESEARCH PROPOSAL SUMMARY**

*(To be completed by the Research Applicant)*

*Please refer to the Research Proposal Assessment Form when completing this form to ensure that all necessary information is included. Leave no blank spaces, rather specifying N/A if not applicable.*

|  |  |
| --- | --- |
| **1.** | Research Project Title: Click here to enter text. |
| **2.** | Research Applicant (Also list Principal Investigator if different and include all contact information): Click here to enter text.  Position (include internal or external to NRHA): Click here to enter text. |
| **3.** | Contact Information  Phone Number: Click here to enter text.  Fax number: Click here to enter text.  Address: Click here to enter text.  E-mail: Click here to enter text. |
| **4.** | All Organizational Affiliation(s) and/or Department(s) associated with this research:  Click here to enter text.  Supervisor/Academic Advisor (and contact number/e-mail): Click here to enter text.  Internal ethical review process: Click here to enter text. |
| **5.** | Short description of research to be conducted: Click here to enter text. |
| **6.** | a. Intended Purpose/Outcome of Research: *(include potential benefit to subjects, the RHA, and society)* Click here to enter text.  b. Any anticipated personal or organizational benefit, monetary or otherwise: Click here to enter text. |
| **7.** | Timeline: *(specify any anticipated challenges and their potential impact on RHA staff)*  Click here to enter text. |
| **8.** | Short summary of Data Collection, Storage, Analysis,Interpretation and Destruction: *(include who will have access to data)*  Click here to enter text. |
| **9.** | Potential impacts on RHA human, financial, and other resources, including requirements you will have from the region (e.g. supplies, space, equipment, staff contact):  Click here to enter text. |
| **10.** | Plans for the early inclusion of RHA stakeholders in the study process and dissemination of findings:  Click here to enter text. |
| **11.** | Potential impact on patient/client care management and/or facility routines:  Click here to enter text. |
| **12.** | Risk to Participants, particularly as defined by “minimal risk” (see definitions):  Click here to enter text. |
| **13.** | Informed Consent Process, including clear communication of potential risk:  Click here to enter text. |
| **14.** | Safeguards in Place to Protect Confidentiality of Clients, Records & Data (if any in addition to those specified in the *Agreement for Access to Personal Health Information for Research Purposes* document):  Click here to enter text. |
| **15.** | Publication plans (including where, when, and whether the RHA will be identified, if known): Click here to enter text. |

If the proposal is approved, I hereby agree to abide by the principles outlined in the NRHA Research Policy.

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant Signature