

# Metro South Addiction and Mental Health Services

## Research Proposal Form

### **PURPOSE**

This research proposal form is to be completed by an individual who wishes to undertake research at our site. Once completed, to avoid delays in processing, email this form together with the study protocol (plan) to the Research Advisory Committee via [MSAMHS\\_Research@health.qld.gov.au](mailto:MSAMHS_Research@health.qld.gov.au).

### **RESEARCH DETAILS**

Principal Investigator name/s:

Telephone:

Email:

ACU :

Location:

Expectations of Committee ie. expert advice; support; approval:

Protocol/Study title (*What will you call the study?*):

Study Specifics - Lay Description (*Briefly outline in simple terms the study's focus, aim(s), justification, participant group(s), method and possible outcomes - 150 words max*):

Site study approval (*MSAMHS sites where you will recruit participants?*):

MSAMHS All Sites	Beenleigh Community	Bayside Community
MSAMHS Community Sites	Woolloongabba Community	Bayside CCU
MSAMHS Inpatient Units	Inala Community	Logan CCU
PAH Inpatient Unit	Garden City Office Park	Coorparoo CCU
Redlands Inpatient Unit	Browns Plains Community	Other:
Logan Inpatient Unit	Evolve Therapeutic	

Physical requirements (*for example - therapy room, pc's*):

Human Resource Requirement (*for example - # staff , designation, hours per week offline and length of time required*):

Anticipated outcomes an clinical practice implications:

Study dissemination (*What do you want to do with the information?*):

Do you intend to publish results:      YES                              NO                              UNDECIDED

List all staff/people in the study team:

***I agree:*** At the completion of this research project to:

- Provide a copy of my research publication or outcome report to the Research Advisory Committee;
- Consolidate and provide all research source documents to the Research Project Coordinator for storing in accordance with NHMRC guidelines; and
- Any Intellectual Property of potential commercial value being developed during the course of the project shall be jointly owned between the parties.

***Study support (mandatory signatures) - digital signatures can be used if you have Adobe Acrobat Pro or Standard. Otherwise, print, sign and scan completed Form to [MSAMHS\\_Research@health.qld.gov.au](mailto:MSAMHS_Research@health.qld.gov.au)***

Signature Principal Investigator

Professional leader

ACU Clinical Director

Team leader/ Manager

Other (University supervisor, clinical educator)