

Metro South Addiction and Mental Health Services

Research Proposal Form

SEND

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 for review via MSAMHS_Research@health.qld.gov.au.

RESEARCH DETAILS

Principal Investigator name: Telephone: Email: Dept: Location:

Expectations of Committee ie. Support; expert advice; mentoring:

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?):

- | | | |
|--|--|--|
| <input type="checkbox"/> MSAMHS All Sites | <input type="checkbox"/> Beenleigh Community | <input type="checkbox"/> Bayside Community |
| <input type="checkbox"/> MSAMHS Community Sites | <input type="checkbox"/> Woolloongabba Community | <input type="checkbox"/> Bayside CCU |
| <input type="checkbox"/> MSAMHS Inpatient Units | <input type="checkbox"/> Inala Community | <input type="checkbox"/> Logan CCU |
| <input type="checkbox"/> PAH Inpatient Unit | <input type="checkbox"/> Garden City Office Park | <input type="checkbox"/> Coorparoo CCU |
| <input type="checkbox"/> Redlands Inpatient Unit | <input type="checkbox"/> Browns Plains Community | <input type="checkbox"/> LADDERS |
| <input type="checkbox"/> Logan Inpatient Unit | <input type="checkbox"/> Evolve Therapeutic | <input type="checkbox"/> Other |

Anticipated outcomes and clinical practice implications:

Physical requirements (example - meeting/therapy rooms, pc's): Anticipated outcomes and clinical practice implications:

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

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

Do you intend to publish results: YES NO UNDECIDED

List all other people/universities/organisations involved in the study:

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

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

Principal Investigator

Divisional Director

Manager/Team Leader

Other (University supervisor, clinical educator)