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| MENTAL HEALTH COMMISSION RESEARCH PROJECT APPLICATION |

**Date:** \_\_\_/\_\_\_/20\_\_\_

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| **1. Project Title** |

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| **2. Chief Investigator(s)** |
| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Contact no.:** |  |
| **Email:** |  |
| **Qualification(s):** |  |

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| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Contact no.:** |  |
| **Email:** |  |
| **Qualification(s):** |  |

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| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Contact no.:** |  |
| **Email:** |  |
| **Qualification(s):** |  |

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| **3. Consultant**  |
| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Qualification(s):** |  |

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| **4. Project team (additional team members)** |

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| **5. Synopsis****Provide a clear stand alone summary of the project (approximately 250 words)** |

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| **6. Project Detail – Max 3 pages****Provide the aims, hypotheses, and background/literature review.** **Make clear the integration of previous research to provide justification for the project. If applicable, on separate sheets summarise each of up to five such papers particularly relevant to this proposal. Give full references for these papers. (Maximum 3 pages, please ensure pages are numbered 6(a), 6(b), 6(c) etc.). Pages in excess of 3 will be removed prior to assessment.**  |

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| **7. Benefits of Study.****What likely benefits can be expected from this study for MHC, clients, service providers, and the scientific community?** |
| **7a) Benefits to MHC** |

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| **7b) Benefits to clients, service providers and the scientific community** |

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| **8. Methodology – Max 4 pages****Where applicable, include details of basic research strategy, sample size and sampling method, inclusion/exclusion criteria, main variables to be measures/examined, instruments of measurement/observation and their validity, methods of data collection, and statistical/qualitative analysis.** **If the page provided is insufficient, you may use up to 4 extra pages (please ensure that pages are numbered 8(a), 8(b), 8(c), 8(d)). Pages in excess of 4 will be removed prior to assessment.**  |

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| **9. Ethical Considerations****Include a detailed statement of ethical considerations where applicable.**  |

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| **10. Ethical Approval****A signed completed Ethics Committee approval form should, where applicable, be submitted with this application; or a statement made that the project has been submitted for approval.**  |

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| **11. Timelines** |

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| **12. Resources/Budget** |

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| **13. Facilities****Where will the study be located?**  |

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| **14. Dissemination of findings.**  |

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| **RESEARCH/DATA ACCESS AGREEMENT** |

Conducting research/demonstration projects within the Mental Health Commission facilities or the use of its resources for such purposes, and in particular access to, and collection of client and other information is only permitted on the following conditions:

* The information will only be used for the purpose of the research project as described in this proposal, and as approved by the Commissioner, Mental Health Commission. If the data are not used for the purpose described MHC reserves the right to withdraw permission.
* It is understood that all information provided for the purposes of research is confidential. Published data will contain no information that may in any way identify a particular client or clients of the Mental Health Commission or MHC funded agency(s).
* A copy of the final report shall be submitted to the Research Coordination Committee, Mental Health Commission **two weeks** prior to publication.
* The Mental Health Commission retains copyright of any of its own material.
* In all reports, papers and publications resulting from the research project, the assistance of the Mental Health Commission must be acknowledged.

I / We agree to these conditions.

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| **Research/Project Title:** |  |
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| **Requesting Agency/Institution** |  |
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| **Applicant Name** |  |
| (PLEASE USE BLOCK LETTERS) |  |
| **Signature** |  | **Date:**  |
|  |  |  |
| **Applicant Name** |  |
| (PLEASE USE BLOCK LETTERS) |  |
| **Signature** |  | **Date:**  |
|  |  |  |
| **Director (of relevant area) Approval** |  |
| **Signature** |  | **Date:**  |
|  |  |  |
| **MHC Commissioner Approval** |  |
| **Signature** |  | **Date:**  |

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| **RESEARCH/PROJECT APPLICATION CHECKLIST FOR REVIEWERS** |

This checklist is designed to assist your review of the proposed research.

* Is the rationale for the study justified?
* Are the aims and objectives clear?
* Is the methodology clearly described?
* Is the methodology robust?
* Is the proposed recruitment of participants clearly spelt out?
* Is the location of the study mentioned (i.e. are participants only being recruited in MHC facilities and testing done elsewhere)?
* Is evidence of ethical approval attached?
* How intrusive is this likely to be in the clinical areas?
* How congruent is the study with the research priorities of MHC/AOD sector? (i.e. does it provide benefits to MHC/AOD sector)?
* If accessing data, are regions or agencies potentially identifiable? Is this justified?
* If accessing data (and relevant), has the agency (s) permission be sought?
* Have consent forms and information/flyers been attached?
* Have copies of questionnaires been attached?
* Is the Director of the relevant area(s) prepared to resource?

Reviewers recommendations:

Endorsed by:

Date: