**Primary contact for the partnership:**

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

**Other individuals / groups that currently belong to the partnership:**

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

**List any other individuals / groups that you wish to have involved in the partnership but are not yet involved.**

Name:

Title:

Organization:

Contribution to partnership:

Name:

Title:

Organization:

Contribution to partnership:

Name:

Title:

Organization:

Contribution to partnership:

**Describe the reason for approaching us to form a partnership (e.g. population of interest, area of expertise, etc).**

**Do you currently have a proposal developed?**

**Yes -** Attach a description, of 500 words or less, detailing the purpose, objectives and research plan for your project, including your research question(s).

**No –** In order to get a feel for the type of work you had in mind for the partnership, please attach a description, of 500 words or less, detailing any projects you had in mind, research methodologies you would like use, research interests or areas of expertise of yourself and/or other partners currently in the partnership.

**Describe any funding that you currently have for the partnership or specific projects the partnership may be involved with?**

**Describe any timeline obligations the partnerships would have (student timelines, funding timelines, etc).**

**Describe the benefit to the Health Authority for participating in the proposed partnership.**

**Please return the filled in form to:**

Brian Quinn, Nurse Epidemiologist, Population Health Unit

AH Authority, KY and MCR Health Regions

Box 1920, La Ronge, SK S0J 1L0

tel: (306)-425-8586, fax: (306)-425-8530

email: [Brian.quinn@pophealthnorthsask.ca](mailto:Brian.quinn@pophealthnorthsask.ca)