**Principal Investigator of the study:**

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

**Contact person for the study:**

Name:

Title:

Organization:

Department:

College:

Mailing Address:

Telephone #:

Fax #:

Email Address:

Signature:

**Title of project:**

**Anticipated start date:**  **Anticipated end date:**

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

**Dissemination of the results:** Provide a description of how the results of this study will be disseminated (including health authorities, staff involved, community members, etc).

**Benefits to the Health Authority:** Provide a description of the benefits for the health authority that are a result of participating in this study.

**Consent forms:** Attach a copy of the consent form(s) that will be used in your project.

**Ethical Approval:** Please attach a copy of your Ethics Approval from the University of Saskatchewan Biomedical or Behavioural Research Ethics Board. If Ethics Approval is not required for your study, please attach a copy of the letter from the appropriate University of Saskatchewan Research Ethics Board, stating that ethics approval is not needed for this study.

**Impact on Health Authority departments:**

1. Indicate which of the following departments, in each of the 3 northern health authorities will be affected by the research study?

|  |  |  |  |
| --- | --- | --- | --- |
| Department | Mamawetan Churchill River Regional Health Authority  | Keewatin Yatthè Regional Health Authority | Athabasca Health Authority |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Provide an outline of the expected involvement for the staff of each of the Northern Health Authority department(s) checked off in the table above.**

Data Collection: Please specify who will be involved, the nature of the data to be collected, the method of collecting the data and the time period over which the data will be collected.

Describe how much additional patient/ client/ resident care will the project require above the normal level of care that would have been provided to these individuals.

Describe any special procedures that are specific to the project.

Describe what type of in-service you will be providing to the health authority staff with regards to staff involvement in the collection of data, special procedures, documentation, etc.

 Describe any special equipment, facilities, additional space and/ or supplies that would be required for the project.

**Estimate the total amount of Northern Authority staff time required for the following:**

1. Orientation
2. Procedures and extra care related to project
3. Documentation
4. Other (please specify)

**What is the funding source for this study?**

1. Sponsor: specify
2. Grant: specify
3. Other: specify
4. Not funded

**Is funding available to cover the Northern Health Authority costs related to this study?**

1. Yes
2. Portion: specify
3. No

**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