|  **Research Application form** | Page 1 of 2 |
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| **STUDY Information** |
| Full **LONG** Title of Study:       |
| Study reviewed by: ☐ Health Research Ethics Board (HREB)☐ Conjoint Health Research Ethics Board (CHREB)☐ Health Research Ethics Board of Alberta (HREBA)If **none of these**, please submit application to [HREB](https://remo.ualberta.ca/REMO/Rooms/DisplayPages/LayoutInitial?Container=com.webridge.entity.Entity%5BOID%5BAC482809EC03C442A46F2C8EEC4D75D3%5D%5D). | Ethics board study number: (i.e. Pro00001234):      |
| Name of Principle Investigator (PI):       |
| Mailing Address:       |
| Email:       | Phone Number:       | Fax Number:       |
| Name of Study Coordinator/Key Contact (if different from PI):       | Coordinator Email:       |
| **research location** |
| ☐ CapitalCare Dickinsfield | ☐ CapitalCare Strathcona Harvest House | ☐ McConnell Place West |
| ☐ CapitalCare Dickinsfield - Adult Duplexes | ☐ Kipnes Centre for Veterans | ☐ Other (specify):       |
| ☐ CapitalCare Grandview | ☐ Laurier House Lynnwood | ☐ CHOICE Program (specify):       |
| ☐ CapitalCare Lynnwood | ☐ Laurier House Strathcona | ☐ Day Program (specify):       |
| ☐ CapitalCare Norwood | ☐ CapitalCare Strathcona Harvest House |  |
| ☐ CapitalCare Norwood - Health Records | ☐ McConnell Place North |  |
| **CapitalCare Departments/units or programs involved and how (i.e. health records – charts pulled)** |
| Departments:       | Involvement:       |
| Units:       | Involvement:       |
| Programs:       | Involvement:       |
| Other:       | Involvement:       |
| **Databases you will be using as part of your research study\*** |
| Point Click Care: ☐ | eClinician: ☐ | Other (specify):       |
| \**Please note that you* *cannot recruit patients from these systems without use of an intermediary. Separate database agreements may also be required. The Research Team will advise you accordingly.* |
| **TYPE of study (mark all that apply)** |
| ☐ Sequel (study#):       | ☐ Quality Improvement |
| ☐ Pilot Study | ☐ Clinical Drug Study |
| ☐ Environmental Study | ☐ Knowledge Translation |
| ☐ Technology Assessment/Development | ☐ Other (specify):       |
| ☐ Chart Review |
| 1. Who will be reviewing the charts (name and phone number if other than P.I.):

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|       |

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| 1. Number of charts to be reviewed:

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| --- |
|       |

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| 1. Selection criteria:

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|       |

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| 1. Time period: From
 | To       |

|  |  |
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| **Participants/sources of data (check appropriate line)** |
| ☐ Residents1. Site:
2. How many:
3. How much time per session:
4. How many sessions:
 | ☐ Family1. Site:
2. How many:
3. How much time per session:
4. How many sessions:
 |
| ☐ Staff1. Site:
2. How many:
3. What disciplines (i.e. nursing, health care aides):
4. How much time per session:
5. How many sessions:
 | ☐ Other (specify):       |
| **PROJECT TIMELINES** |
| Proposed Start Date of Data Collection (D/M/Y):       | Proposed End Date of Data Collection (D/M/Y):       |
| **research alignment with capitalcare’s strategy** |
| ☐ Engagement: Engage residents, families, and volunteers as partners in our care communities | ☐ Communication: Develop open and inclusive processes to communicate what’s important to resident’s families, staff, and volunteers. | ☐ Innovation: Embed quality improvement with all team members and encourage innovative approaches to care. |
| ☐ Leadership: Support and develop relational leaders: promote “closer-to-resident” philosophy” | ☐ Work Culture: Grow an organization where our people and team flourish with meaning and purpose. |  |
| ☐ Access: Be leaders in developing and delivering continuing care programs and services | ☐ Resources: Use our resources responsibly to support best resident care. |  |
| **SUPPORTING DOCUMENTS (CHECK ALL INCLUDED ATTACHMENTS)** |
| ☐ Ethics Approval Letter **(Required)** | ☐ Ethics Protocol **(Required)** | ☐ Consent form/information letter |
| ☐ Study Protocol | ☐ Data collection instruments | ☐ Other (specify): |
| **Signatures** |
| I certify that all information on this application is accurate and current (electronic signature acceptable) |
| Signature of Principal Investigator | Date |
|  |  |
| *Email signed form, along with supporting documentation, to:* [*research@capitalcare.net*](file:///%5C%5Cedmfs.healthy.bewell.ca%5C~AudreySand02%5CPolicy%5CADM-b-60%20Policy%5CFianl%5Cresearch%40capitalcare.net) |