

RESEARCH FACILITATION COMMITTEE
PROPOSAL APPLICATION FORM

Please attach the research proposal to this form. This application form must be fully completed in addition to providing the proposal.

1. General Information

1.1 Project Title: _____

1.2 Principal Investigator:

Name: _____

Phone Number: _____

E-mail Address: _____

Address: _____

1.3 Contact Person if different than above:

Name: _____

Phone Number: _____

E-mail Address: _____

Address: _____

1.4 Location(s) where research will be conducted:

CapitalCare Dickinsfield	Laurier House Lynnwood
CapitalCare Grandview	Laurier House Strathcona
CapitalCare Norwood	McConnell Place North
CapitalCare Lynnwood	McConnell Place West
CapitalCare Strathcona	Strathcona Alzheimer Care Centre
CHOICE Dickinsfield	Adult Duplexes
CHOICE Norwood	Kipnes Centre for Veterans
Other (please specify)	

Specify specific units/programs if applicable: _____

1.5 Participants/sources of data (check appropriate line)

_____ Residents of _____

Approximately how many? _____

How much time will be spent per session? _____

How many sessions will there be? _____

_____ Family of _____

Approximately how many? _____

How much time will be spent per session? _____

How many sessions will there be? _____

_____ Staff of _____

Approximately how many? _____

How much time will be spent per session? _____

How many sessions will there be? _____

_____ Other (specify) _____

1.6 Describe in detail (a) source of participants/data (b) significant participant characteristics (e.g., age, physical/mental documentation). Use separate sheet as necessary.

1.7 Will you be conducting a chart review? (NOTE: For the purposes of this form, accessing RAI-MDS data will constitute a chart review)

Yes _____ No _____

If yes, please explain:

1.8 Will you require CapitalCare staff to assist with your project (e.g., explain the project to families/residents, teach research assistants how to do chart review, identify residents with a specific diagnosis etc.)?

Yes _____ No _____

If yes, please explain: _____

1.9 If staff will be required to assist or participate in your study during their regular work hours note that CapitalCare does not budget funds for staff time on research projects. Please indicate how this expense will be covered.

1.10 Project Timelines:

a. When do you propose that data collection will start at the CapitalCare site? (Start time will need to be negotiated with the site based on its overall schedule of events, once approval to proceed has been received.) _____

b. When will the final project report be completed? (The final report must be submitted to the Chair of the CapitalCare Research Facilitation Committee for information.) _____

1.11 Names and phone numbers of all persons who will be involved in data acquisition (experimenters, research assistants, etc.) at the CapitalCare site.

Name

Phone Number

2. Proposal Information

Please carefully complete each section. Write “nil” or “N/A” (not applicable) rather than leaving a blank space. Use additional sheets as necessary.

2.1 Has the proposal been reviewed by an approved Ethics Committee?
 Yes _____ No _____

If yes, attach the Ethics Committee approval. If it has been submitted but not yet approved, please indicate the scheduled date for the Ethics Committee review. _____

2.2 Attach a full description of the project methods.

2.3 Discuss from whom and how informed consent is obtained, and how continuing voluntariness of participation is insured. Attach a copy of all consent and information sheets for participants.

2.4 Indicate where and how CapitalCare staff and project participants will be told of the results of this research. (Results must be disseminated back to the organization.)

	Presentation at Centre Staff Forum
	Presentation at Centre Family Forum
	Presentation at Senior Staff Forum
	Letter explaining study results in plain language for participants or their authorized representatives
	Other (please specify)

2.6 Please attach copies of any questionnaires, interview scripts, instruments, clinical measures, and other such items necessary for competent review of your application. CapitalCare encourages researchers to leave the results of instruments with the program Care Manager to place on the resident/participant chart.

2.7 Please attach an abstract or executive summary.

2.8 The main theme for research at CapitalCare is “to enhance the quality of life for residents, staff and families/friends.” The following are the sub-themes. Please indicate to which of the following sub-themes your study relates:

	Quality of Care for Residents
	Continuity of Care for Residents
	The Physical and Social Environment
	Staff Issues
	Issues Regarding Family Members/Friends
	Organizational Issues

Please provide an explanation of how your study relates to enhancing the quality of life for residents, staff and/or families/friends and any practical outcomes or recommendations that might result from your study.

2.9 Describe the qualifications of the research personnel as related to this proposal, in particular their experience carrying out research in a continuing care setting.

2.10 Please complete if this is a student project. I agree to assume the responsibilities of a sponsor for this research project.

Faculty Sponsor Signature _____

Print Name _____

Phone Number _____

Date _____

I certify that all information on this application form is accurate and current.

Signature of Principal Investigator

Date

Ethics Approval:	_____
Conditions:	_____

Date:	_____

Please forward **2 paper copies** and **an electronic copy of the completed application** to:

Research Unit
McConnell Place West
8720 - 165 Street
Edmonton, AB T5R 5Y8

If you have any questions regarding the completion of this form, please contact James Leask at 780-413-4743 or james.leask@capitalcare.net

Thank you,

Thorsten Duebel
Chair, Research Facilitation Committee
CapitalCare
#500, 9925 - 109 Street
Edmonton, AB T5K 2J8
Email: thorsten.duebel@capitalcare.net PH: 780-448-2420