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For Official Use:

Research Proposal Number

# RESEARCH ANNEXURE 2

# PROPOSAL SUMMARY

| ANNEXURE 2 PROPOSAL SUMMARY | | |
| --- | --- | --- |
| Name of Institution/organisation conducting research |  | |
| Name of Investigators |  | |
| Postal Address |  | |
| Telephone Number |  | |
| Fax number |  | |
| Mobile Number |  | |
| Email Address |  | |
| Institution which gave ethical approval |  | |
| Date of Ethical approval |  | |
| Date research expected to commence |  | |
| Proposed data collection dates at requested facilities |  | |
| Date research expected to end |  | |
| Date research reports should be expected |  | |
| Western Cape Districts where research will be done: **(Please mark with an X )** | Metro **Westcoast** Cape Winelands **Overberg**  **Central Karoo**  **Eden** | |
| WC DOH Facilities where research will be done: **(Please list the name of the facility under appropriate category)** | Tertiary Hospitals: **District Hospitals:**  **Community Health Centres:**  **Clinics:** | |
| Other facilities in the WC DOH where research will be done (Please specify) | **Psychiatric Hospitals:**  **TB Hospitals**  **Other:**  **Databases :** | |
| Research title |  | |
| Research aim |  | |
| Research objectives |  | |
| Key Words |  | |
| Brief description of methodology **(Please specify estimated sample size and duration of contact with each participant e.g. interview length, clinical exams)** |  | |
| Type of Study Design: e.g. Case Control, RCT, Survey |  | |
| Budget for research |  | |
| Source of funding for the research |  | |
| The research will have implications for the requested facilities regarding: | **Yes or NO** | **If Yes what are these implications and how does your project plan to mitigate the impact** |
| 1. **Additional load on nursing** |  |  |
| 1. **Support services** |  |  |
| 1. **Consumables** |  |  |
| 1. **Laboratory tests** |  |  |
| **5. Equipment** |  |  |
| **6. Space** |  |  |
| **7. Communications** |  |  |
| **8. Additional OPD visits** |  |  |
| **9. Admission of patients** |  |  |
| How will the sites be prepared to participate in your research? |  | |
| Results dissemination plan  1. **Tick which groups will be affected by your research findings** | Provincial managers □  District Directors □  Facility manager and staff □  Patients □  Community □  Other  (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 2. What is the earliest date or period from the end of research collection that the feedback (at least the minimum requirements\*) will be expected? **\* Minimum research findings feedback template** | Within one month □  Within one to three months □  Within three to six months □  Longer than six months □ | |