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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 plan1. **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 □ |