

RESEARCH PROPOSAL SUMMARY:			
Name of the Institution/organization			
Name of the investigators and qualifications			
Telephone number			
Fax number			
Cell phone number			
Email address			
Institution which gave ethics approval			
Date of ethics approval			
Date research expected to commence			
Date research expected to end			
Date research reports should be expected			
Research title			
Keywords			
General research goal			
Special research objectives			
Brief description of methods			
Budget for research			
Source of funding for the research			
	Yes	No	
Additional load on nursing			
Support services			
Consumables			
Laboratory tests			
Equipment			
Space			
Communications			
Additional OPD visits			
Admission of patients			
The research will have implications for the requested facilities regarding:			
If yes, what are these implications and how does your project plan to mitigate the impact			
Have you informed the Operational Manager of your intention?			
What is your results dissemination plan? What are your sustainability or exit plans?			