For official use:

Research proposal number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| 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) | MetroWestcoastCape Winelands Overberg  Eden  Central Karoo | | □  □  □  □  □  □ |
| Western Cape Government Health 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 within Western Cape Government Health 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 |  |  | |
| 1. Equipment |  |  | |
| 1. Space |  |  | |
| 1. Communications |  |  | |
| 1. Additional OPD visits |  |  | |
| 1. 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) | | □  □  □  □  □  □ |
| What is the earliest date or time frame 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 | | □  □  □  □ |