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) | Metro Westcoast Cape WinelandsOverbergEdenCentral 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 plan1. Tick which groups will be affected by your research findings
 | Provincial ManagersDistrict DirectorsFacility manager and staffPatientsCommunityOther (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 monthWithin one to three monthsWithin three to six monthsLonger than six months | □□□□ |