| **Research Application form** | | | | | | Page 1 of 2 |
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| **STUDY Information** | | | | | | |
| Full **LONG** Title of Study: | | | | | | |
| Study reviewed by: ☐ Health Research Ethics Board (HREB)  ☐ Conjoint Health Research Ethics Board (CHREB)  ☐ Health Research Ethics Board of Alberta (HREBA)  If **none of these**, please submit application to [HREB](https://remo.ualberta.ca/REMO/Rooms/DisplayPages/LayoutInitial?Container=com.webridge.entity.Entity%5BOID%5BAC482809EC03C442A46F2C8EEC4D75D3%5D%5D). | | | | | Ethics board study number:  (i.e. Pro00001234): | |
| Name of Principle Investigator (PI): | | | | | | |
| Mailing Address: | | | | | | |
| Email: | | Phone Number: | | | Fax Number: | |
| Name of Study Coordinator/Key Contact (if different from PI): | | | | | Coordinator Email: | |
| **research location** | | | | | | |
| ☐ CapitalCare Dickinsfield | | ☐ CapitalCare Strathcona Harvest House | | | ☐ McConnell Place West | |
| ☐ CapitalCare Dickinsfield - Adult Duplexes | | ☐ Kipnes Centre for Veterans | | | ☐ Other (specify): | |
| ☐ CapitalCare Grandview | | ☐ Laurier House Lynnwood | | | ☐ CHOICE Program (specify): | |
| ☐ CapitalCare Lynnwood | | ☐ Laurier House Strathcona | | | ☐ Day Program (specify): | |
| ☐ CapitalCare Norwood | | ☐ CapitalCare Strathcona Harvest House | | |  | |
| ☐ CapitalCare Norwood - Health Records | | ☐ McConnell Place North | | |  | |
| **CapitalCare Departments/units or programs involved and how (i.e. health records – charts pulled)** | | | | | | |
| Departments: | | | Involvement: | | | |
| Units: | | | Involvement: | | | |
| Programs: | | | Involvement: | | | |
| Other: | | | Involvement: | | | |
| **Databases you will be using as part of your research study\*** | | | | | | |
| Point Click Care: ☐ | eClinician: ☐ | | | Other (specify): | | |
| \**Please note that you* *cannot recruit patients from these systems without use of an intermediary. Separate database agreements may also be required. The Research Team will advise you accordingly.* | | | | | | |
| **TYPE of study (mark all that apply)** | | | | | | |
| ☐ Sequel (study#): | | | ☐ Quality Improvement | | | |
| ☐ Pilot Study | | | ☐ Clinical Drug Study | | | |
| ☐ Environmental Study | | | ☐ Knowledge Translation | | | |
| ☐ Technology Assessment/Development | | | ☐ Other (specify): | | | |
| ☐ Chart Review | | | | | | |
| 1. Who will be reviewing the charts (name and phone number if other than P.I.):  |  | | --- | |  | | | | | | | |
| 1. Number of charts to be reviewed:  |  | | --- | |  | | | | | | | |
| 1. Selection criteria:  |  | | --- | |  | | | | | | | |
| 1. Time period: From | | | To | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research application form** | | | | Page 2 of 2 |
| **Participants/sources of data (check appropriate line)** | | | | |
| ☐ Residents   1. Site: 2. How many: 3. How much time per session: 4. How many sessions: | | ☐ Family   1. Site: 2. How many: 3. How much time per session: 4. How many sessions: | | |
| ☐ Staff   1. Site: 2. How many: 3. What disciplines (i.e. nursing, health care aides): 4. How much time per session: 5. How many sessions: | | ☐ Other (specify): | | |
| **PROJECT TIMELINES** | | | | |
| Proposed Start Date of Data Collection (D/M/Y): | | Proposed End Date of Data Collection (D/M/Y): | | |
| **research alignment with capitalcare’s strategy** | | | | |
| ☐ Engagement: Engage residents, families, and volunteers as partners in our care communities | ☐ Communication: Develop open and inclusive processes to communicate what’s important to resident’s families, staff, and volunteers. | | ☐ Innovation: Embed quality improvement with all team members and encourage innovative approaches to care. | |
| ☐ Leadership: Support and develop relational leaders: promote “closer-to-resident” philosophy” | ☐ Work Culture: Grow an organization where our people and team flourish with meaning and purpose. | |  | |
| ☐ Access: Be leaders in developing and delivering continuing care programs and services | ☐ Resources: Use our resources responsibly to support best resident care. | |  | |
| **SUPPORTING DOCUMENTS (CHECK ALL INCLUDED ATTACHMENTS)** | | | | |
| ☐ Ethics Approval Letter **(Required)** | ☐ Ethics Protocol **(Required)** | | ☐ Consent form/information letter | |
| ☐ Study Protocol | ☐ Data collection instruments | | ☐ Other (specify): | |
| **Signatures** | | | | |
| I certify that all information on this application is accurate and current (electronic signature acceptable) | | | | |
| Signature of Principal Investigator | | Date | | |
|  | |  | | |
| *Email signed form, along with supporting documentation, to:* [*research@capitalcare.net*](file:///\\edmfs.healthy.bewell.ca\~AudreySand02\Policy\ADM-b-60%20Policy\Fianl\research@capitalcare.net) | | | | |