



Starship Foundation 2016 Investment in Clinical Research Application Form

Please refer to the *Funding Guidelines for Applicants* before completing this form.

Applicants must adhere to the specified word and page limits and use a minimum of 10 point font with single spacing.

Applications close at **midnight on Monday 12 September 2016**. Please submit the following to the Starship Foundation electronically by email to starshipfoundation@adhb.govt.nz

- 1x completed electronic application form
- 1x scanned copy of section seven – Approvals & Signatures
- 1x signed and approved ADHB budget template
- 1x electronic copy of the appropriate ethics / HDEC application
- Any additional information if required

Failure to submit the required documents by the specified deadline will result in your application not being considered.

SECTION ONE – SUMMARY INFORMATION

1. Contact details of lead researcher

CONTACT DETAILS			
		Address for Correspondence	
Last Name			
First Name			
Title			
Telephone No.			
Email		Postcode	

2. Full title of project

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3. Name of the Starship service (in which the research will be based or led from)

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4. List all the organisations outside Starship Child Health who are part of the proposed research

5. Lay summary of proposed research

Outline in plain English the clinical context including scale of the issue, objectives, methods, and potential clinical benefits. (250 words maximum)

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6. Total cost of the project

\$

7. Total investment requested from the Starship Foundation

\$

8. Is the proposed research part of an ongoing, larger study? Yes / No

If yes, please provide details of the larger study including timeline, any other funding secured to date, and details of continuation plans after any SF investment has ended.

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9. Details of ethics approval – ethics number and application status (applied, approved, pending, not-required)

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10. Has locality approval already been secured Yes / No

11. Details of timeframe

Start date (post ethics approval)	(dd /mm/yyyy)
End date	(dd /mm/yyyy)
Project duration (in months)	

12. Names of all co-investigators (add additional boxes as required)

Last Name	
First Name	
Title	
Position	
Department / Speciality	
Organisation	

SECTION TWO – DETAILS OF RESEARCH PLANNED

Please attach a standard research protocol AND provide the following details.

1. Describe any previous studies by the lead investigator, or co-investigators contributing to the proposed research

Up to 1 page

2. Provide background literature to the proposed research

Up to 1 page

3. Describe the aims and objectives of the proposed research

Include details of clinical context and research hypothesis

Up to 1 page

4. Describe the project design and methodology to be used

Include details of the research strategy, study design and statistical power, sample size and sampling methods, main variables to be measured / examined, methods of data collection, instruments of measurement / observation and their validity and analysis of data.

Up to 2 pages

5. Describe how the proposed research will enhance health outcomes for children

Up to 1 page

6. Describe the potential national impact of the proposed research

Up to 1 page

7. Describe the overall plan to translate outcomes into clinical practice

Include details of how the impact of the changes in clinical practice could be measured (health impact, social impact, economic impact)

Up to 1 page

8. Describe how you intend to disseminate research findings

0.5 page

9. Provide details of the role of external organisations to the proposed research

Name of Organisation	Role

SECTION THREE – RESPONSIVENESS TO MAORI

If you have completed an application to a Health and Disability Ethics Committee (HDEC) you can copy and paste where relevant

1. Please describe whether, and how, your study may benefit Māori

As per p.4.1. HDEC form

2. Will participants' ethnicity status be collected as part of your study? YES / NO

As per p.4.6. HDEC form
If **NO** please explain why?

The below links to endorsed, standard ethnicity data protocols for the Health and Disability Sector
<http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector>

3. Is an analysis (or sub-analysis) of outcomes by Māori ethnicity planned? YES / NO

If **YES** describe

If **NO** please explain why?

4. Please provide a brief, plain English summary of your study

As per 1.5. HDEC form **OR** 150 words or less

5. How many participants will be recruited for the study?

If study is retrospective (e.g. an outcome analysis) please estimate the number of patients whose records will be reviewed.

Worldwide	
Aotearoa New Zealand	

6. How many participants are expected to be Māori?

Give % and absolute number and cite the reference source

The below links may help you find Māori health statistics for the health issue you are researching:

Ministry of Health: <http://www.health.govt.nz/nz-health-statistics>

Statistics NZ: <http://www.stats.govt.nz/infoshare/?gclid=CMWcuqfZorUCFct7QgodkSgAVQ>

7. Might your study contribute to reducing inequalities in health outcomes between Māori and other New Zealanders? YES / NO

Explain why **YES** or **NO** (f.1.2. HDEC form)

8. How will Māori participants be recruited?

Where? How? By whom? Outline steps to ensure adequate participation.

9. Please identify the main cultural issues that may arise for Māori who may participate in your study and explain how these issues will be managed

As per p.4.2. HDEC form

HRC Guidelines for Researchers on Health Research involving Māori <http://www.hrc.govt.nz/>

Te Ara Tika: Guidelines for Research Ethics

<http://www.hrc.govt.nz/sites/default/files/Te%20Ara%20Tika%20Guidelines%20for%20Maori%20Research%20Ethics.pdf>

10. Is there a Māori dissemination strategy? YES / NO

If **YES** please describe

SECTION FOUR – FINANCES

1 Attach a completed ADHB budget template

2 Summarise the costs in the main categories of salaries, working expenses and equipment costs

Please refer to guidelines for details of costs that will and will not be funded

Category	Cost
Salary	
Working costs	
Equipment	
Total	

3 Please provide a justification of costs requested

Up to 0.5 pages

4 Is the funding requested sufficient to complete all the research objectives? YES/NO

If NO provide more details

5 Please provide details of any additional funding secured

6 Does your service have available research funds held by A+ Trust? YES / NO

If YES provide more details and highlight why they are not available to this research

SECTION FIVE – DETAILS OF ALL RESEARCHERS

For the investigator and each co-investigator provide an HRC bio or provide the following information:

<i>Full name</i>				
<i>Starship position held or details of relationship to Starship</i>				
<i>Any affiliations to other organisations</i>				
<i>Contact address</i>				
<i>Email</i>				
<i>Telephone</i>				
<i>Websites</i>				
<i>Academic qualifications</i>	List in reverse date order. Start each qualification on a new line e.g. Year conferred, qualification, discipline, university / institute.			
<i>Professional appointments held</i>	List in reverse date order. Start each position on a new line e.g. Year-year, job title, organisation.			
<i>Years of research experience and key granting history</i>				
<i>Professional distinctions and memberships</i>	List in reverse date order. Start each professional distinction on a new line e.g. Year / year-year, distinction.			
<i>Total number peer reviewed publications</i>	Journal articles	Books, book chapters, books edited	Conference proceedings	Patents

Details of relevant publications

Expand the following table as needed, listing publications relevant to your proposal.
List in reverse date order. Bold your name in lists of authors.

Peer-reviewed journal articles
Peer reviewed books, book chapters, books edited
Refereed conference proceedings
Patents
Other forms of dissemination (reports for clients, technical reports, popular press, etc)

SECTION SIX – REFEREES

Please provide name and contact details of **three independent external referees** (national or international) who could be approached to review the proposed research.

REFEREE ONE

CONTACT DETAILS			
Last Name		Address for Correspondence	
First Name			
Title			
Organisation			
Telephone No.			
Email		Postcode	

REFEREE TWO

CONTACT DETAILS			
Last Name		Address for Correspondence	
First Name			
Title			
Organisation			
Telephone No.			
Email		Postcode	

REFEREE THREE

CONTACT DETAILS			
Last Name		Address for Correspondence	
First Name			
Title			
Organisation			
Telephone No.			
Email		Postcode	

SECTION SEVEN – APPROVALS AND SIGNATURES

1. ADHB Institutional Approval

The Starship Foundation will liaise with the Research Office in relation to registering your project and application.

The information provided on the application will suffice for the Research Review Committee.

Please complete the approval table below:

<i>Status of Project:</i>	<i>Include details of what approvals have already been received (including external approvals such as ethics, MRRC, SCOTT etc) and date approval granted. If approval is pending, describe what is outstanding.</i>
<i>Research Review Committee (RRC)</i>	<i>Approved: Yes / No</i>
<i>Budget</i>	<i>Approved: Yes / No</i>
<i>Consultation with Maori</i>	<i>Approved: Yes / No / Pending / Not required</i>
<i>Standing Committee on Therapeutic Trials</i>	<i>Approved: Yes / No / Pending / Not required</i>

2. Signatures

In addition to submitting a completed electronic application form by email, please scan this page once signed and submit as evidence of organisational approval.

	<i>Each person to sign and date</i>
<i>Lead Investigator</i>	
<i>Service Clinical Director</i>	
<i>SCH Finance Manager</i>	
<i>Starship Director</i>	
<i>General Manager</i>	