



**Application to Conduct Research at Mary Potter Hospice**

<p>Part A.</p> <p>A.1 - Title of Research Project:</p>
<p>A.2 - Principal Investigator:</p> <p>Title/Position:</p> <p>Employer:</p> <p>Address:</p> <p>Work telephone:</p> <p>Fax:</p> <p>Email:</p> <p>Academic Supervisor (if student research):</p> <p>Title/Position:</p> <p>Employer:</p> <p>Address:</p> <p>Work telephone:</p> <p>Fax:</p> <p>Email:</p>
<p>A.3 - Other research team members (please state name, qualification, role in research team):</p>
<p>A.4 - Source of funding:</p>
<p>A.5 - Research proposal:</p> <p>Aims/Purpose—</p> <p>Significance/Background—</p> <p>Design/Methods (sampling framework, procedure, tools, data management and analysis)—</p> <p>Ethical considerations (eg, consent process, strategies for securing data)—</p> <p>Cultural considerations (eg, how you will handle the data collected in a culturally respectful manner)—</p> <p>What are the possible risks to participants and MPH that this study could incur? What will you do to manage the risk?</p>

A.6 - PI Profile (What training or experience do you have that qualifies you to conduct this research study?)

Part B.

B.1 - What resources and support do you think you will require from MPH?

B.2 - Do you agree to the following? *[Please check to indicate yes.]*

I agree to acknowledge "Mary Potter Hospice of Wellington, New Zealand" every time I present the findings of this research (in oral or written formats).

I agree to share the findings of my research with MPH staff.

I agree to make available for audit each participant's consent to the Research Fellow.

I agree to report (or have a member of my research team report) any adverse event this study may cause immediately to the MPH clinician providing direct care for this patient, and then submit a completed Adverse Event Report form for each event to the Research Fellow or Director of Palliative Care.

[If appropriate] I agree to ensure that the therapeutic plan identified in my research proposal for managing an adverse event is instituted, if agreed upon by MPH staff involved in this study participant's care. [If appropriate] I agree that my research funds will cover the cost for this therapeutic intervention.

I agree to submit a completed Final Report at the end of the study, and Annual Reports as necessary.

I agree to securely maintain the data for an appropriate period of time after the study is completed (at least ten years).

I agree to allow an independent auditor access to my data, if requested.

I agree that Mary Potter Hospice accepts no financial liability for this research project.

\_\_\_ I agree to be responsible for (including to insure, if appropriate) the research property that I bring on the MPH premises.

\_\_\_ I agree that all members of my research team will wear name tags when on MPH premises and behave in accordance with MPH policies and philosophy.

\_\_\_ I agree that if there is any change to the study protocol, that I will obtain Ethics Committee approval for that change prior to recommencing data collection at MPH.

Signed,

\_\_\_\_\_ Date: \_\_\_\_\_

Please Print

\_\_\_\_\_  
Signature

When submitting this application, please also provide the following documentation:

- 1 . Ethics Committee approval (if necessary)
- 2 . For non-MPH researchers, documentation of financial indemnity or proof of public liability insurance
- 3 . Please provide a copy of study instruments, consent form, recruitment materials, and information sheet, as appropriate
- 4 . MPH Confidentiality Agreement with your signature.

For further information, please contact:

Research Fellow  
Mary Potter Hospice  
P O Box 7442, 48 Mein St.  
Newtown, Wellington 6242  
Phone: 04 381 0186  
Fax: 04 389 9951