**RESEARCH PROPOSAL SUBMISSION FORM**

**BY SUBMITTING THIS FORM, I AGREE TO HAVE MY RESEARCH PROPOSAL ASSESSED BY THE IMSANZ-RN STEERING COMMITTEE FOR ENDORSEMENT, IN ACCORDANCE WITH THE REQUIREMENTS AND CONDITIONS OUTLINED IN THE TERMS OF REFERENCE DOCUMENT. I ALSO CONSENT TO MY NAME AND CONTACT DETAILS BEING PUBLISHED ON THE RESEARCH MEMBERSHIP DIRECTORY OF IMSANZ-RN WEBSITE.**

 **STUDY SYNOPSIS (Maximum 1500 words)**

|  |  |
| --- | --- |
| **TITLE** |  |
| **PRINCIPAL INVESTIGATOR, AFFILIATIONS AND CONTACT DETAILS** |  |
| **ASSOCIATE INVESTIGATORS AND AFFILIATIONS** |  |
| **IS THIS STUDY CURRENTLY A MULTICENTRE STUDY? (I.E. INVOLVEMENT OF MORE THAN ONE HEALTH SERVICES OR JURISDICTION)** | **YES****NO** |
| **ARE YOU LOOKING FOR OPPORTUNITIES FOR MULTICENTRE COLLABORATION?** | **YES****NO** |
| **IF ‘YES’ TO QUESTION ABOVE, CAN INTERESTED COLLABORATORS CONTACT YOU DIRECTLY?** | **YES****NO** |
| **BACKGROUND** |  |
| **RESEARCH QUESTION/HYPOTHESIS** |  |
| **PRIMARY OUTCOME/PROCESS MEASURE** |   |
| **SECONDARY OUTCOME/PROCESS MEASURES** |  |
| **STUDY DESIGN****(IF THE STUDY IS A CLINICAL TRIAL, PLEASE INCLUDE INFORMATION ON SAMPLE SIZE CALCULATION, RANDOMISATION, AND BLINDING)**  |  |
| **INCLUSION CRITERIA** |  |
| **EXCLUSION CRITERIA** |  |
| **EXPECTED NUMBER OF PARTICIPANTS** |  |
| **STUDY DURATION** |  |
| **ANALYSIS** |  |
| **IMPORTANCE TO GENERAL MEDICINE**  |  |
| **FUNDING** |  |
| **HAS CONSIDERATION BEEN GIVEN TO HOW THIS PROJECT MIGHT IMPROVE EQUITY IN INDIGENOUS OR VULNERABLE POPULATIONS? PLEASE PROVIDE EXPLANATION** |  |
| **CURRENT PROGRESS** | Design and protocol development []Ethics application []Study in progress []Manuscript write-up in progress or under review []Accepted or published []Aborted |
| **IMSANZ-RN OFFICE USE ONLY** | **ENDORSED****NOT ENDORSED** |