**HNELHD Nursing & Midwifery Research Centre**

**Request for Consultation**

N.B. In order for the Centre to provide the best possible assistance with your project we require some initial information. Please complete the following request form and submit to: [HNELHD-NMRC@health.nsw.gov.au](mailto:HNELHD-NMRC@health.nsw.gov.au)

1. **Applicants Personal Details**

|  |  |
| --- | --- |
| Name: |  |
| Qualifications: |  |
| Contact Details: | Phone: Email: |

**2. Applicants Workplace Details**

|  |  |
| --- | --- |
| Current Employer: |  |
| Department: |  |
| Position Title: |  |
| Current employment status: | Please Indicate:  Casual □ Temporary □ Permanent □ Full Time □ Part Time □ FTE .…….. |
| Direct Line Manager: | Name: Title:  Phone: Email: |
| Service Manager: | Name: Title:  Phone: Email: |

**3. Proposed Research Project**

3.1 Describe the clinical issue you would like to address and why it’s important (Max 150 words)

3.2 Identify the preliminary work you have undertaken around the potential study

**4. Please indicate if you have undertaken any of the following in relation to the proposed research project**

□ Reviewed the literature on the topic

□ Developed your research idea into a preliminary research question

□ Engaged relevant key stakeholders who might be involved in the project

□ Identified and engaged potential research team members

□ Discussed with and gained “in principle” support from your immediate line manager

□ Applied for any type of funding to undertake the study

□ Submitted ethics application.

Please specify any additional details of work you have done around the proposed study

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**5. Research Team and Supports**

List all research team members and identify their potential contribution to the study

|  |  |  |
| --- | --- | --- |
| **Name:** | **Position and Discipline:** | **Contribution to the project:** |
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