**MDHB Locality Approval Form for Advertising Research**

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| **Use this form if your application is for:** | |
| * A cost-neutral study (no budget required at MDHB) | |
| * Request to advertise your project/study/audit on the Midcentral Health premises | |
| * Volunteers to participate | |
| * Application may require ethics approval | |
| **Office use only** | |
|  | Your application has locality approval for advertising research |
|  | Your application not achieved locality approval. |
| Signed by the Research Support Office:    Date: | |

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| **Research ID** (RSO to complete) |  |

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| **Section 1: General Information: Complete relevant sectors** | |
| Title |  |
| Principle Investigator |  |
| External Facility ie University/DHB |  |
| Email Address |  |
| Research coordinator of this application |  |
| Email address |  |
| MidCentral Health Lead Investigator/Research Lead |  |
| MCH Directorate or Service |  |
| Phone number |  |
| Email address |  |
|  | **For Clinical Audits** |
| MidCentral Health: Sponsor |  |
| MCH Directorate or Service |  |
| Phone number |  |
| Email address |  |
|  | **Post Graduate Student to complete** |
| University Supervisor |  |
| University Facility |  |
| Phone Number |  |
| Email address |  |
| MidCentral Health Clinical supervisor | Clinical supervisor must know and have agreed to this arrangement. |
| MCH Directorate or Service |  |
| Phone Number |  |
| Email Address |  |
|  | **For external institutions/hospitals, if the contact person is different to any of the above sections** |
| MidCentral Health contact name | Contact person must know and have agreed to this arrangement. |
| MCH Directorate or Service |  |
| Phone number |  |
| Email Address |  |
| |  |  | | --- | --- | | **Section 2: DOCUMENTS CHECKLIST** | | | Submit the documents relevant to the project:   * + MCH Locality form for Advertising Res   + MCH Maori Review of Research (Rangahau) form   + Ethics online application form   + Ethics approval letter   + Protocol (encouraged to submit)   + Participant Information Sheets and Informed Consent Forms   + Informed consent/s for human tissue collection   + Questionnaires / Surveys   + Evidence of Māori consultation external to MidCentral Health   + Other supporting documents | | | **Section 3: Proposal and Participation** | | | **Research design: What type of research, study, project or trial design is your study? Multi-selection as applicable. *For definitions, refer to the : Standard Operating Procedures for Health and Disability Ethics Committees, version 1.0 2012 http://ethics.health.govt.nz/operating-procedures*** | | | Observational study  Quality Improvement  Interventional study  A clinical audit  Post Graduate research  Multi-national study initiated outside NZ  Clinical trial  Nation-wide (within NZ)  Survey  Other, *type or paste text here* | | | What is the principal study question, hypothesis or objective of the study/audit? | | | *type or paste text here* | | | Describe how will the participants be involved in the study/audit?  *type or paste text here* | | Does the study/audit/ project involve the recruitment of Maori as well as other ethnicity ?  No. please explain this option:  Yes | | Description of the Study protocol: | | | *type or paste text here* | | | What are the advertising methods? Ie posters, pamphlets | | | *type or paste text here* | | |  | | | Where in the hospital or departments/areas is the advertising going to occur and for how long is the advertising going to be posted for? | | | *type or paste text here* | | | How and who to is the study/audit going to be reported? | | | *type or paste text here* | | |  | | | **Section 3: Ethical considerations** | | **Ethics status: Which option represents the current status for ethics? If you are not sure whether the research requires ethics, please contact HDEC 0800 819 6877 or the University you are with for their advice.**  HDEC Ethics approval gained  University Ethics approval gained: state with whom *type or paste text here*  Have applied for ethics via HDEC and waiting for a reply  Ethics approval not required: please state why *type or paste text here* |  |  |  |  | | --- | --- | --- | | **Section 4: Administration and Declaration** | | | | Proposed study start date: | | | | Proposed completion date: | | | | Have you contacted any of the departments, areas for advertising the material?   * YES: name/s of person/s contacted * NO | | | | **Declaration:**  I will notify MCH research office when study is complete  I will submit a copy of the report to MCH research office.  I will notify MCH research office of the reference or supply a copy of the publication. | Date:  Signature or type/write your name: |  | | **SUBMISSION: Application and supporting documents are emailed to the:** [research@midcentraldhb.govt.nz](mailto:research@midcentraldhb.govt.nz)  Research Support  Chief Medical Office.  Phone: xtn 8036, 06 3508036 | | | | |

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| **MDHB Professional Approval/Clinical Executive Endorsement** | |
| Clinical Exec / Professional Lead / Clinical Lead/ ADON / DON/M/ Nursing Leader | |
| Name |  |
| Job Title |  |
| Date |  |
| Signature |  |
| Comment: | |
|  | |
| **Operations Executive Endorsement to Proceed** | |
|  | |
| Name |  |
| Job Title |  |
| Date |  |
| Comment: | |
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| **Clinical Board Acknowledgment of Registration (CMO)** | |
|  | |
| Name |  |
| Date |  |
| Signature |  |
| Comment: | |