

1. PROTOCOL TITLE: _____

Full Proposal Attached: Yes
Ethics Approval or Ethics Pending, date anticipated _____

2. LOCAL PRINCIPAL INVESTIGATOR: _____

PHONE: _____ FAX: _____ EMAIL: _____

CO-INVESTIGATOR _____

3. ANTICIPATED START DATE _____ PROJECT DURATION _____

4. POTENTIAL SITES FOR RESEARCH*

This project is intended for Long-term care residents Subacute clients Community clients (e.g. day hospital, day support, seating services, OSI)

There is a preferred site:

OSI George Boyack Sarcee Glenmore Fanning Gartson Green
 Royal Park Signal Pointe Nickel House Colonel Belcher Rouleau Manor

5. AUTHOR OF PROTOCOL: _____

6. PROPRIETARY RIGHTS: Please check one

- This research is initiated by me. I can alter the protocol according to my judgment and have full rights to information derived from this research and publication of this information.
- This research is being done for a sponsor who controls the details of the protocol, the rights to the information gathered, and can limit publication of the results of the project.

7. I agree that I will provide regular written updates to Carewest about the progress of this study. The frequency of these reports will be negotiated on the basis of the duration and scope of the study. I also agree that, upon conclusion of the project, I will

- a. communicate in writing the study results to the Carewest Research & Development Committee and furnish copies of any publications arising out of the research.
- b. acknowledge Carewest in the report and any publication
- c. provide feedback to the Carewest Research & Development Committee on any problems