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| --- |
| **Principal Applicant Information** *(must be full-time or part-time permanent staff at HHS)* |
| Research Project Title:      |
| Are you a permanent staff member at HHS? Yes [ ]  HHS Employee ID#       |
| Name:       | Email:       |
| Professional Credentials:[ ] RN [ ] C.Psych [ ] OT [ ] PT [ ] SW [ ] RPh [ ] RD [ ] RT [ ] SLP [ ] Other:        |
| Any Research Training CredentialsMaster’s degree:       Doctorate degree:       Other:       |
| Do you self-identify as a member of an under-represented/underserved [cultural or gender +] community?  Yes [ ]  No [ ]  |
| Research specialty/area:       | Clinical specialty/area:       |
| HHS Program/Service:       Hospital Site:       |
| Work Address (Hospital Site):      Location/Room:       |
| **HHS Programs or Services the proposed research project is linked/related to:**[Please select the most appropriate that is/are applicable]Clinical Programs[ ]  Cardiac & Vascular [ ] Mental Health [ ]  McMaster Children’s Hospital [ ] Adult Specialty Services[ ]  Oncology (Digestive Diseases, Women’s Health, Ambulatory Care)  (Surgery, Hematology, Radiation, Medicine)[ ]  Neurosciences & Trauma [ ] Seniors Health & Complex Care[ ]  Rehabilitation & Orthopedic [ ] Critical Care [ ] Other      Clinical Services[ ]  Diagnostic Services [ ] MCH-Neonatal ICU[ ]  Emergency Medicine [ ] HRLMP (Laboratories)[ ]  Pharmacy [ ] Peri-Operative (surgery)[ ]  MCH-Child Acute Care [ ] Other      [ ]  MCH-Child Developmental & Mental Health |
|  Research Mentor(s) from HHS or McMaster | HHS Clinical Program Director |
| Name:      Title:      Health profession:      PhD[ ]  Masters[ ]  MD[ ]  Other      | Name:     HHS program:     Email:      |
| Name:      Title:     Health profession:     PhD[ ]  Masters[ ]  MD[ ]  Other      |  |
| Has this project been submitted elsewhere for support Yes [ ]  No[ ] If yes, where?       When? (dd/mm/yy)      Response      |
| **Checklist of information to accompany the application** |
|

|  |  |
| --- | --- |
| 1 | Completed HAMMR application form |[ ]
| 2 | One page description of proposed research question (use template on the next page) |[ ]
| 3 | Letter(s) of support from clinical supervisor/manager AND from Program Director |[ ]
| 4 | Applicant CV |[ ]

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March 2022

**HAMMR Research Proposal Template**

We want to understand what you are interested in researching, and what you think the key components of your question include. You don’t need to know what study design you need, but if you have ideas for the study methods, feel free to include that details as well. Try to keep this to one page.

**The population I am interested in is:**

**The problem I want to address is:**

**The kind of information I want to collect includes:**

**The reason this problem is important at HHS is:**

**The way we will know if this research has made a difference is:**

**My research question is:**