



## Locality Application Form for research, audit & related activity

**Complete all sections (A, B & C) then email this form to [research@waitematadhb.govt.nz](mailto:research@waitematadhb.govt.nz) with the proposal/protocol and any relevant ethics documents.**

**Project title (or provisional title):**

### Section A: Project Personnel

**Lead Investigator or Project Lead**

<b>Name:</b>
<b>Organisation:</b>
<b>Email:</b>
<b>Phone:</b>

**Waitematā DHB Lead Investigator** *if different from above, otherwise leave blank*

<b>Name:</b>
<b>Department:</b>
<b>Phone:</b>

**If no Waitematā DHB employed investigators, a WDHB contact or supervisor is required**

<b>Name:</b>
<b>Department:</b>
<b>Phone:</b>

**Primary Contact Person for all communication** *if different from above, otherwise leave blank*

<b>Name:</b>
<b>Organisation:</b>
<b>Email:</b>
<b>Phone:</b>

**Other project personnel, if any** *eg Co-investigators, Research Nurse, Academic Supervisor*

**Will non-Waitematā DHB employees access patients, identifiable patient information, staff or premises for this study?**

- No     Yes → *Confidentiality Agreements may be required*

**Will Waitematā DHB be required to sign any contracts/agreements relating to funding, resources, confidentiality or Intellectual Property?** *All contracts require WDHB legal review*

- No     Yes     Not sure

**Fund Source**

- Commercial/Industry  
 Non-commercial grant/scholarship/award  
 Other (specify):

**Name of Funder:**

*NOTE: Costings for Waitematā DHB involvement in this study, including staff time or other resources, need to be provided to the Manager to inform their authorisation of the study (even when there will be no exchange of funding).*

## Section B: Project Details

**Abstract:** Briefly outline the project including the research question or issue this project aims to address

**List of keywords:** separate keywords with commas

**Co-design:** stakeholders can be institutions, communities or individuals. Conversations with Māori stakeholders are appropriate for researchers working alongside Māori participants. **Will stakeholders be engaged in the design or development of this project?**  Yes  No  Not applicable

**Might this study contribute to reducing inequalities in health outcomes between Māori and other New Zealanders?**  Yes  No **Please explain why or why not:**

**Project type:** Select ONE which best describes this project

- Clinical audit *measures practice against a standard. Data collection may be retrospective or prospective*
- Outcome analysis *measures outcome of practice often focusing on patient management and complication rates*
- Programme or service evaluation *measures 'how much, how many and how well'*
- Observational research *no intervention other than recording, classifying, counting and analysing of data*
- Interventional research\* *the researcher controls & studies the intervention(s) provided to participants*
- Implementation research *contextually seeks ways of improving access to health interventions*
- Systematic/Literature review
- i3 QI project
- Other (specify):

\*all members of the research team should undertake ICH GCP E6 (R2) training

**Waitematā DHB Host Department:**

**Expected Start Date:**

**Expected End Date:**

**Multi-site project?**

- Not a multi-site project (Waitematā DHB only)
- Multi-site with Waitematā DHB leading the project
- Multi-site with Waitematā DHB as a sub-site
- Waitematā DHB as a referral or resource site only

**With reference to the NEAC standards ([Table 8.3](#)) please indicate the risk category for this study:**

- Negligible risk
- Minimal risk
- More than minimal risk

**What type of ethical review will be/has been sought:** (send ethics documents with this application)

- No ethics committee review required
- NZ Health & Disability Ethics Committee (HDEC)
- NZ Institutional Ethics Committee eg university, AHREC
- Not sure

**Is this project related to professional development or academic study?**

- Allied Health CASP/ Nursing portfolio
- Tertiary eg. PG Cert/Dip/Masters/Doctorate
- Medical Council or College registration
- None of the above

**Section C: Waitematā DHB Resources**

**How will Waitematā DHB patients' clinical information be accessed?**

- Paper records already on the ward/unit (ie current patients)
- Paper records requested via the Clinical Records department
- Electronic data extract already within the department
- Electronic data extract requested via the Health Information Group (list of NHIs or full data set)
- via Qlik Sense Hub
- via Clinical Portal
- Other (specify):
- No patient clinical information will be accessed

**Describe how any collected data will be kept safe and who will be responsible for ensuring policies and ethical standards are met for access, transfer, storage & disposal of data (paper/electronic files/video/audio):**

**Outline any Waitematā DHB resources required for this project including staff time, facilities (eg clinic space), equipment and/or consumables:**

**Clarify which resources listed above are standard of care (SOC) and which are additional to SOC:**

**Clinical Support Services:** Tick all support services required for this study. Do not tick a service if you only need access to data available via Clinical Portal (information access should be outlined at the start of Section C above)

- Clinical Coding
- Laboratory
- Surgical Pathology
- Radiology
- Pharmacy\*
- Other (specify):
- None of the above

*\*All protocols that include administration of medication to patients must be reviewed by Waitematā DHB Pharmacy*

**Research & Knowledge Centre support:** Tick areas you would like advice about (if any). Available only to Waitematā DHB staff. Staff undertaking Masters/PhD/Doctoral studies should seek advice from their university/supervisors in the first instance.

- |  |  |
|--|--|
| <input type="checkbox"/> Proposal/protocol development | <input type="checkbox"/> Data collection/data security |
| <input type="checkbox"/> Ethics                        | <input type="checkbox"/> Questionnaire design          |
| <input type="checkbox"/> Budgeting/costings            | <input type="checkbox"/> Statistics/analysis           |
| <input type="checkbox"/> Literature/systematic review  | <input type="checkbox"/> Grant writing/funding         |
| <input type="checkbox"/> Māori research                |  |

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