

## Application for Research at the Selwyn Foundation

Please tick each box as you complete the information. Researcher Name: Institution: Research Objective: How does this research contribute to Ageing Well? How does this research compliment the Mission of The Selwyn Foundation? Location of research: Participants: Expected start date of research: Expected completion date: In your view, what operational impact could this research have at The Selwyn Foundation? \_\_\_\_\_\_ Is this research project compliant with Privacy Act and Health Information Acts? Yes Does this research require an agreement between the researcher and Selwyn? (For example, a confidentiality agreement) Please indicate which documents are attached to your application: Add ethics approval Add participant information sheets dd consent forms



Current practicing certificate (if researcher is a health professional)
Who is the sponsoring General Manager within The Selwyn Foundation?
Summary:
Before you send this application please check you have included the following:
<ol> <li>Researcher and research details</li> <li>Supporting documentation (attached to this application form)</li> <li>Signed application and date of signature</li> </ol>
I declare the above information is true and accurate:
Signed: Date:
Name:
Attach any supporting documents to this application and send to:
The Selwyn Institute for Ageing and Spirituality
Group Office, P.O. Box 8203, Symonds St, Auckland 1150
To request an application form or to send your application by email, please contact <a href="mailto:alicew@selwyncare.org.nz">alicew@selwyncare.org.nz</a>
For further enquiries about Research at Selwyn please contact:  Hilda Johnson-Bogaerts  General Manager, The Selwyn Institute for Ageing and Spirituality  Group Office, P.O. Box 8203, Symonds St, Auckland 1150  hildaj@selwyncare.org.nz or phone: 09 849 9203
FOR OFFICE USE ONLY
Date Received:
Comment:
Approved/Declined: