

Application for Research at the Selwyn Foundation

Please tick each box as you complete the information.

Investigator Details	
Principal Investigator Name:	
Position:	
P.I. Orgainsation:	
Address:	
Email:	
Phone:	Mobile:
Primary Contact Person: (If different	from above)
Name:	
Position:	
Orgainsation:	
Address:	
Email:	
Phone:	Mobile
riione.	Mobile:
Research / Education Institution:	
Research Team:	



Research Project						
Research Project Title: Research Objective:						
Research Size / Scope:						
Project Type: (tick as many as required)	Audit or Evaluation Observational (prospective) Clinical / Interventional Undergraduate Project Postgraduate project Other:					
Expected start date of research:	Expected completion date:					
Project Status Updates:	Date(s) Annual Status Update report(s) will be due:					
Location of research:						
Participants:						
How does this research contribute to the concept Ageing Well?						
How does this research complement the Mission of The Selwyn Foundation?						
In your view, what impact on operational resources could this research have at The Selwyn Foundation?						
How will The Selwyn Foundation be acknowledged: Named Author Acknowledged Named Contributor Other:						



Ethics and Funding							
Is this research project compliant with the Privacy Act and Health Information Acts? Yes No							
Health and Disability Ethics Committee (HDEC) review Yes No							
University Ethics Committee review Yes No							
Does this research require an agreement between the researcher and Selwyn? (Please indicate)							
Does this research require written support from the Selwyn Foundation as part of Yes No its development or Ethics Committee Approval?							
Who / Where is funding for your research project being provided by?							
Please indicate which documents are attached to your application:							
Add ethics approval							
Add privacy impact assessment report							
Add Maori impact assessment report							
Add participant information sheets							
Add participant consent forms							
Add participant advertisements / letters (if any)							
Current practicing certificate (if researcher is a health professional)							
Summary and Declaration							
Before you send this application please check you have included the following:							
Principal Investigator and research details							
Supporting documentation (attached to this application form)							
3. Signed application and date of signature							
I declare the above information is true and accurate:							
I have read and understand the Selwyn Foundation Research Procedure and agree to all terms, conditions and requirements.							
For all applications, the project title, project outline and principal investigator may be listed on a publicly available research register, i.e. the Selwyn Foundation external website or similar.							
register, i.e. the serwyii i oundution external website of similar.							
Name:							
Signed: Date:							

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Attach any supporting documents to this application and send to:

The Selwyn Institute
Selwyn Foundation Group Office,
P.O. Box 8203, Symonds St,
Auckland 1150
New Zealand
Selwyn.Institute@selwynfoundation.org.nz

For further enquiries about Research at Selwyn please contact:

Hilda Johnson-Bogaerts
Director, The Selwyn Institute
Selwyn Foundation Group Office,
P.O. Box 8203, Symonds St, Auckland 1150

Phone: 09 849 9203

Hilda.Johnson@selwynfoundation.org.nz

Date Received:			Research Register Number:				
YES	NO	Date Sent:					
YES	NO	Received:					
YES	NO	Received:					
YES	NO	Sent:	Received:				
YES	NO	Sent:	Received:				
Month	:						
Locations:							
Who is the sponsoring General Manager within The Selwyn Foundation?							
ing & Spirituality		sation Innovation	Vulnerabilities in Old Age				
ife	Enviror	ment Health					
	YES YES YES YES Month thin The	YES NO YES NO YES NO YES NO YES NO Month: thin The Selwyn Following life Environ	YES NO Date Sent: YES NO Received: YES NO Received: YES NO Sent: YES NO Sent: Month: thin The Selwyn Foundation? Life Environment Health				

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