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| RESEARCH PROJECTHSE Corporate and National Services APPROVAL FORM  | HSE National Research and Development Office Level 2 Block D, Parkgate Business Ctr, Parkgate St,  Dublin 8 D08YFF1E: HSE.REC@hse.ie  |

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| * ***This form must be completed and appropriately signed before the research project commences.***
* ***Principal Investigator/ Principal Researcher should complete Sections 1-6.***
* ***Section 7 should be completed by the relevant Head of HSE Corporate Service/ Division/ Function.***
* ***Please return completed form along with approval letter from a HSE Research Ethics Committee to*** ***HSE.REC@hse.ie***
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1. **Principal Investigator/ Principal Researcher**

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| **Title:**  | Choose an item. |
| **Full Name:**  |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:** |  |
| **Department:**  |  |
| **Work Address:**  |  |

1. **Research Project/ Study Details**

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| **Research Type:** | Choose an item.  |
| - Other (please specify) |  |
| **Project Title:** |  |
| **Project Summary** (max 100 words) |  |
| **Methodology summary** (max 100 words) |  |
| **Details of dissemination plan** (max 50 words) |  |
| **Details of HSE Corporate Departments/ Divisions/ that will be engaged as part of this study** (max 100 words) |  |
| **Potential of project results to improve health service delivery, patient care etc.** (max 50 words) |  |
| **Funded Research/ Not Funded** | Y/ N |
| **Funder** (if applicable) |  |
| **Project Duration** (in months) |  |
| **Project Period** | Start date. Finish date. |

1. **Additional Information**

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| **Is Ethics approval required?** | Choose an item. |
| **-** If yes, which HSE Research Ethics Committee has reviewed your application?  |  |
| **How will GDPR and the Health Research Regulation be complied with?** (max 100 words) |  |

**Note:** *If you need support to answer any of these queries please contact R&D Office.*

***Please****: Include ethics approval letter along with this completed form to* HSE.REC@hse.ie

1. ***FOR HSE Staff only:* Approval by Principal Investigator’s/ Principal Researcher’s Line Manager.**

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| **Has the Principal Investigator/ Principal Researcher obtained approval to lead on this project by his/her Line Manager?** | Yes/No |
| **Line Manager Name** |  |
| **Line Manager Email** |  |
| **Line Manager Telephone Number**  |  |

1. **Approval by Head of HSE Corporate Service/ Division/ Function/ National Services that will be impacted by this research study**

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| --- | --- |
| **Title:** | Choose an item. |
| **Full Name:**  |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:**  |  |
| **HSE Corporate Division/ Area /Department/ Function:**  |  |
| **Work Address:**  |  |
| **Has local approval been received?** | Choose an item. |

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| **Declaration & Signature of Principal Investigator/ Principal Researcher** |

1. **HSE Project Lead/ Principal Investigator/ Principal Researcher Declaration**

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| ***I confirm that the information provided herein is accurate, discloses the requirements and provisions of the proposed research activity, and that all relevant parties have been notified.*** |  [ ]  |
| **Date:**  |  |
| **Signature:** |  |
| **Print name:**  |  |

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| **HSE Approval & Signature of Head of HSE Corporate Service/ Division/ Function** |

1. **Head of HSE Corporate Service/ Division/ Function/ National Services**

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| ***I confirm that I read the above information, I am clear on what aspects of the HSE Corporate Service/ Division/ Function are involved in the research project and I grant my approval*** |  [ ]  |
| **Date:**  |  |
| **Signature:** |  |
| **Print name:**  |  |