RESEARCH UNIT

RAWALPINDI MEDICAL COLLEGE, RAWALPINDI

RESEARCH APPLICATION FORM FOR FACULTY/DEPARTMENT AT RAWALPINDI MEDICAL COLLEGE

Application Number: ☐☐☐/D R/2 0 1 8

(For Office Use Only, Not to be filled in by the Applicant)

INSTRUCTIONS FOR THE APPLICANTS:

- This form is to be completed by faculty members/ Staff members of Rawalpindi Medical College and Allied Hospitals who are interested to conduct research at any Department of Rawalpindi Medical College and it's Allied Hospitals that are Holy Family Hospital, Benazir Bhutto Hospital and District Head Quarters Hospital, Rawalpindi. (either as a requirement for their CPSP Examination or individual Research project)

- This application form (along with required list of documents specified at the end of form) will be assessed for ethical review and approval by the Institutional research Forum of Rawalpindi Medical College, Rawalpindi that is mandatory before the commencement of any Research Project at Rawalpindi Medical College and its Allied Hospitals that are Holy Family Hospital, Benazir Bhutto Hospital and District Head Quarters Hospital, Rawalpindi.

- Please be aware that all research projects will be subject to the College's Ethical Review Process as well as evaluation process by the Institutional research Forum of Rawalpindi Medical College, Rawalpindi. Apart from this documented application process, the researchers may be invited to present their research proposals in the meeting of the Institutional Research Forum for appraisal and approval. The date and time of the meeting along with the format of the PowerPoint presentation will be informed to you if required, one week prior to the meeting.

- A completed Application form should be submitted to the Research Unit, Rawalpindi Medical College, Rawalpindi located in the computer section of the Liver Centre, Holy Family Hospital, Rawalpindi, at least 1 month prior to initiation of Data Collection.

- An electronic version of the completed form should be submitted to the Research Co-coordinator, Research Unit, Rawalpindi Medical College, Rawalpindi at the following email address: **researchunitrmc@gmail.com.** Please submit eight hard /printed paper copies of the complete application form, in addition to electronic version, at the Research Unit, Rawalpindi Medical College, Rawalpindi.

- The theme font 'Arial" size 10, colour "Black" should be used as standard for the Electronic version.

- Answers to all questions must be entered in the space provided. If, in any section, you find that you have insufficient space, or you wish to supply additional material not specifically requested by the form, please attach it in a separate file, clearly marked and attached to the submission email. If a section is not relevant to the applicant's proposal, kindly specify 'Not Applicable".

- If you have any queries about the form, please feel free to contact Dr Faiza Aslam, Research Co-coordinator, Research Unit, Rawalpindi Medical College, Rawalpindi.

APPLICATION FORM FOR FACULTY/STAFF RESEARCHERS OF RMC

The following Sections should be electronically filled in by the applicant:

1. FULL NAME OF THE APPLICANT:

2. PERSONAL PROFILE OF APPLICANT:

POSTAL ADDRESS (Residential)	
POSTAL ADDRESS (Official)	
TELEPHONE (Landline Residence/Office)	
TELEPHONE (Mobile)):	
Email address:	

3. COMPLETE NAME OF APPLICANT'S PARENT DEPARTMENT, COLLEGE/UNIVERSITY/INSTITUTION AND ORGANIZATION.
(*Do not use abbreviations):*

DEPARTMENT: *COLLEGE/UNIVERSITY/INSTITUTION:* *ORGANIZATION:*

4. CURRENT STATUS/DESIGNITION OF THE APPLICANT RESEARCHER AT THE INSTITUTION *(Student, Trainee or Staff member, Give Details of Status)*

5. **IS THE PROJECT A DEPARTMENTAL OR INSTITUTIONAL RESEARCH OR AN INDIVIDUAL RESEARECH PROJECT OF THE APPLICANT?** *If individual research project, is it a dissertation of Graduate, Postgraduate or Doctorate degree program?*

6. **IF IT IS A DEPARTMENTAL OR INSTITUTIONAL RESEARCH, ARE THERE ANY RESEARCH COLLABORATORS/ PARTNERS (INDIVIDUALS OR INSTITUTIONS) FOR THIS SPECIFIC RESEARCH PROJECT?** *Please clearly mention the names of collaborating institutions or individuals along with the designations, institutions and their role in the research project. In case there is no collaboration or partnership, mention Not Applicable.*

7. **FUNDING OF THE RESEARCH PROJECT**

Funding Body	*Approved/Pending /To be submitted*

8. **CURRENT STATUS/DESIGNITION OF THE APPLICANT RESEARCHER IN THE RESEARCH PROJECT** *(e.g. Principal Investigator, Co-Investigator, Research Assistant ,etc):*

9. **TITLE OF THE RESEARCH PROJECT:**

10. **PLEASE GIVE DETAILS OF THE SUPERVISORS OR PRINCIPAL INVESTIGATORS**

SPECIFICALLY FOR THIS RESEARCH PROJECT:

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

(Copy and Paste same table, if the number of Principal Investigators/ Supervisors exceeds 1)

11. PLEASE GIVE DETAILS OF ANY CO-INVESTIGATORS OR CO-SUPERVISORS :

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

(Copy and Paste same table, if the number of Co-I Investigators/ Co-Supervisors exceeds 1)

12. DURATION OF PROJECT AT RAWALPINDI MEDICAL COLLEGE & ALLIED HOSPITALS, RAWALPINDI

Estimated /Expected Date of Initiation	
Estimated /Expected Finishing Date	
Total Duration of Research at RMC (in days/Months)	

13. AIMS & OBJECTIVES (HYPOTHESIS IF ANY) OF THE RESEARCH PROJECT

14. RESEARCH DESIGN/SITE &SETTING:

Research/Study Design	
Site where study/Data Collection will be conducted:	
Department	
Unit	
Teaching Hospital/ Teaching Campus of RMC	

15. DETAILS OF STUDY PARTICIPANTS/SUBJECTS/CASES/CONTROLS TO BE RECRUITED FOR RESEARCH

(Describe the number of participants and important characteristics (such as age, gender, location, Diagnosis, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.)

Total number of participants required/sample size	
Sampling technique	
Participants of the study will be patients, medical undergraduates/post graduate trainees/doctors/paramedic staffs or attendants	
Inclusion criteria	
Exclusion criteria	
Department of RMC where the participants will be selected & included	
If participants of the study will be patients, whether they will be Out Patients, Inpatients, patients from emergency department, from Intensive Care Unit or those discharged.	

16. DETAILS OF DATA COLLECTION PROCEDURE:

Data Collection Technique (e.g. Interviewing, Observation, Intervention etc)	
Data Collection Tools (Checklists, Performa, Questionnaire, measurement of a parameter etc. Also mention if any part of the research, involves audio, film or video recording	

Data Collection Procedure in Detail (Please state clearly how the participants will be identified, approached and recruited.)	

17. CONSENT OF THE STUDY PARTICIPANTS ***(****Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why****.*** *Will the consent be taken verbally or in written form? Will Consent be taken after informing the participant about the purpose and procedure of study? If the participants are vulnerable (e.g. children, people with learning or other mental of physical disabilities, people who are incarcerated, unemployed or otherwise compromised in responding to your questions) or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent)*

18. **DECEIVING/CONCEALMENT/BLINDING OF STUDY PARTICIPANTS*****:*** *(Whether the study participants will be deceived in any way about the purpose of the study? If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and who will administer this feedback. Whether the study involves concealed observation or blinding of study participants? If yes, please describe the nature and extent of the concealment or blinding (single blinding/double blinding or triple blinding) involved. Include how and when it will be revealed, and who will administer this feedback.*

19. **PARTICIPANT FEEDBACK:** *Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).*

20. **PARTICIPANT WITHDRAWAL:** *Description of how the participants will be informed of their right to withdraw from the project. (Verbally or in written form included in the consent form or as separate sheet) Also explain consequences, if any expected, for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw*

21. **COMPENSATION FOR THE STUDY PARTICIPANTS:** *(Whether the study participants will receive any financial/non-financial compensation for participation? If yes please provide details. Also mention how compensation will be dealt with if the study participants choose to withdraw.*

22. **ANONYMITY & CONFIDENTIALITY:** *whether all study participants be anonymous and will all data be treated as confidential? (Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant). Also describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings. If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.*

23. **RESEARCH DATA HANDLING:** *Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.*

24. **HOW MANY PERSONS WILL COLLECT THE DATA** (T*hose who will be in direct contact with the study participants? Please mention their designations, profiles and also mention about the details & duration of training they will receive for data collection*:

25. **PLAN FOR DATA ANALSIS** *(Which statistical software will be used for data entry and analysis, what will be the main study variables and which statistical procedures will be applied to analyse the results)*

26. **SIGNIFICANCE/BENEFITS:** *Outline the potential significance and/or benefits of the research*

27. **ANY RISKS INVOLVED IN THIS RESEARCH PROJECT** *Clearly specify if any potential risks to **INDIVIDUALS**, including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimize any risks and the procedures to be adopted in the event of mishap. Outline any potential risks to **THE ENVIRONMENT and/or SOCIETY** and the measures that will be taken to minimize any risks and the procedures to be adopted in the event of mishap.*

28. **FINAL CHECKLIST:**

Please tick ✓ ***or*** ✗ (copy & paste appropriate symbol in the text boxes below) ***if the Research Project involves/does not involve respectively any of the following:***

a) Vulnerable groups, such as children and young people aged under 18 years, those with learning disability, or cognitive impairments

b) Research that induces or results in or causes anxiety, stress, pain or physical discomfort, or poses a risk of harm to participants (which is more than is expected from everyday life)

c) Risk to the personal safety of the researcher

d) Deception or research that is conducted without full and informed consent of the participants at time study is carried out

e) Administration of a chemical agent, medicine, drug, placebo or vaccines or other substances (including vitamins or food substances) to human participants.

f) Production and/or use of genetically modified plants or microbes

g) Results that may have an adverse impact on the humans, animals, plants, environment or food safety

h) Results that may be used to develop chemical or biological weapons

i) Any invasive, intrusive or potentially harmful procedures of any kind or any physical, psychological or socio-economic intervention?

j) Participants taking part in the study without their knowledge and consent at the time? (e.g. covert observation of people)

k) Discussion of or questions about a sensitive topic? (e.g. sexual activity, drug use, crime, harassment, violence)

l) Taking any blood, fluid or tissue samples from participants

m) Inducing any physical, psychological or social stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?

n) The identification of individuals for follow-up evaluation?

Please check that the following documents are attached to your application. (One soft copy each and eight printed hard copies of each)

sl.n.	DOCUMENTS	ATTACHED	NOT APPLICABLE
1	Research Proposal/Synopsis with Annexure if any		
2	Recruitment advertisement		
3	Participant information sheet		
4	Consent form		
5	Questionnaire/Checklist/Ethnographic Field Guide		
6	Letter of Approval/ No Objection Certificate from parent Department.		
7	Copy of NIC of applicant (ONLY ONE HARD COPY)		
8	Copy of letter of acceptance by College of Physicians & Surgeons		

DECLARATION BY APPLICANT:

I submit this application on the basis that the information it contains is confidential and will be used by the Rawalpindi Medical College for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I undertake to abide by Rawalpindi Medical College Code of Practice for Research, alongside any other relevant professional bodies' codes of conduct and/or ethical guidelines.

I will report any changes affecting the ethical aspects of the project, any adverse or unseen events that occur to the relevant Ethics Committee of Rawalpindi Medical College through Research Coordinator, Research Unit, Rawalpindi Medical College.

I fully understand that Institutional Research Forum grants approval of applicant's research on following conditions:

I. He/she/they abide/s by Rawalpindi Medical College Code of Practice for Research, alongside ethical guidelines.

II. He/she/They is/are obligated to report any changes affecting the ethical aspects of the project, any adverse or unseen events that occur to the relevant Ethics Committee of Rawalpindi Medical College and Institutional Research Forum through Research Coordinator, Research Unit, Rawalpindi Medical College.

III. The research work of the applicant/s will be duly monitored and evaluated for which the Institutional Research Forum has the authority to ask the researcher/s at any time during of research to provide his/her/their completed data collection forms, electronically entered data, completed consent forms. The research coordinator, RMC, under the supremacy of Institutional Research Forum has authority to physically observe the ongoing data collection procedure at any time for monitoring and evaluation.

IV. The Institutional Research Forum, RMC has the right to cancel the approval if any breach of code of conduct of research or any deviation from the reported research procedure is observed.

V. The applicant/s will provide the completed soft copy of Data sheet to Rawalpindi Medical College that can be utilized by faculty of Rawalpindi Medical College, as and when required.

VI. The applicant/s will include the faculty member of RMC as coauthor whenever he/she/they will publish his/her/their research. The sequence of the authorship will be decided by mutual understanding of the Applicant/s and the faculty member of RMC.

Name of the Applicant:

Signature of the Applicant:

Name of the Supervisor/Principal Investigator:

Signature of the Supervisor/Principal Investigator:

Date of Submission of Form: DAY-MONTH-YEAR