**Locality Approval - Advertising Research Form**

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| **Use this form if your application is for:** | |
| * A cost-neutral budget to the hospital | |
| * Request to advertise your project/study/audit on the hospital premises and associated services | |
| * Please seek whether your study may require ethics approval | |
| **Office use only** | |
|  | Your application has locality approval for advertising research |
|  | Your application not attained locality approval. |
| Signed by the Research Support Office (RSO):  Date: | |

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| **Research ID** |  |

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| **Section 1: GENERAL INFORMATION:** | |
| Title of the study: |  |
| Principle Investigator (PI) Or contact person at Palmerston North hospital |  |
| Department of the contact person at Palmerston North Hospital |  |
| External Facility (if applicable) ie University/provider |  |
| Email Address |  |
| Research coordinator of this application if different to PI. |  |
| Email address |  |
| **Post Graduate Student to complete** | |
| University Supervisor |  |
| University Facility |  |
| Phone Number |  |
| Email address |  |
| |  | | --- | | **Section 2: DOCUMENTS CHECKLIST** | | Tick the documents relevant to the project:   * + Advertising Research Form   + Māori Review of Research (Rangahau) form   + HDEC Ethics online application form   + Ethics approval letter from either HDEC or Education Facility OR out of scope letter from HDEC   + Protocol (encouraged to submit)   + Participant Information Sheets and Informed Consent Forms   + Informed consent/s for human tissue collection   + Copy of any Questionnaires / Survey   + Evidence of Māori consultation   + Other supporting documents i.e. Data Management Plan | | **Section 3: PROPOSAL AND PARTICIPATION** | | **Research Methodology: What type of research, study, project or trial design is your study? Multi-selection as applicable. *For definitions, refer to the : Standard Operating Procedures for Health and Disability Ethics Committees, version 1.0 2012 http://ethics.health.govt.nz/operating-procedures*** | | Observational study  Quality Improvement  Interventional study  A clinical audit  Post Graduate research  Study initiated from outside NZ  Clinical trial  Nation-wide (within NZ)  Descriptive Research  Qualitative Research  Cross sectional research  Survey  Other, *type or paste text here* | | What is the primary research question, hypothesis, or aim being investigated in this study/audit? | |  | | How will participants be recruited, engaged, and involved in the study/audit?  NA | | Does the study, audit, or project include the recruitment of participants from Māori and/or other ethnic backgrounds?  Yes please specify the ethnicities involved (e.g., Māori, Pacific Peoples, Asian, etc.)  No  NA | | Has consultation with the Māori community been conducted regarding the recruitment of Māori participants or the collection of information from Māori?  Yes  No  NA | | Does the study, audit, or project include the recruitment of individuals with disabilities? (Promoting research that includes individuals with disabilities).  Yes  No  NA | | Please provide a detailed description of the study protocol, including the methodology, procedures, and any relevant timelines. | | *type or paste text here* | | What are the various methods of advertising that can be used, such as TV advertisements, posters, brochures,  and social media platforms (e.g., Facebook, Instagram, etc.)? | | *type or paste text here* | |  | | In which locations within the hospital or its departments will the advertising be displayed, and what is the planned duration of the advertising campaign? | | *type or paste text here* | | **Section 4: ETHICAL CONSIDERATIONS** | | What is the current ethics approval status for this research? If you're unsure whether ethical approval is required, please contact HDEC at 0800 819 6877 or consult your affiliated university for guidance.  HDEC Ethics approval  University Ethics approval: state with whom *type or paste text here*  Have applied for ethics via HDEC and waiting for a reply  Ethics approval not required: please state why *type or paste text here* |  |  |  |  | | --- | --- | --- | | **Section 5: ADMINISTRATION AND DECLARATION** | | | | Proposed study start date: | | | | Proposed completion date: | | | | Have you contacted any departments or areas within the hospital to arrange for advertising the material? If yes, which departments?  Yes  No | | | | Declaration:   I will notify the Palmerston North Hospital Research Office once the study is complete."   "I will submit a copy of the final report to the Research Office."   I will inform the Research Office of the study reference or provide a copy of the published work. | Date:  Name:  Contact Details: |  | | **SUBMISSION: Application and supporting documents are emailed to the:** [research@midcentraldhb.govt.nz](mailto:research@midcentraldhb.govt.nz)  Research Support  Phone: extn 8036, 06 3508036 | | | | |

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| **Professional Approval/Clinical Executive Endorsement** | |
| Clinical Executive / Professional Lead / Medical Lead/ ADON / DON-M | |
| Name |  |
| Job Title |  |
| Date |  |
| Signature |  |
| Comment: | |
|  | |
| **Operations Executive Endorsement** | |
|  | |
| Name |  |
| Job Title |  |
| Date |  |
| Comment: | |
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| **Chief Medical Officer on behalf of the Clinical Board** | |
|  | |
| Name |  |
| Date |  |
| Signature |  |
| Comment: | |