



Application to Conduct Research at Perley Rideau

Do you agree to share final reports, publications or other materials resulting from the project?		
Do you agree to acknowledge the involvement of the Perley Health Centre of Excellence in knowledge translation and/or public relations activities, as appropriate? (i.e. publications, social media posts, etc.).		
Comments:		
Signature: _____ Date: _____		
Project Details		
The project aligns with Perley Health values/vision/ research priorities.	<input checked="" type="checkbox"/>	No
The risks to participants have been identified and mitigation strategies are in place (safety, privacy, dignity, well-being etc.).	Yes	No
The impact on stakeholders has been assessed and is considered manageable.	Yes	No
Other resources implications have been assessed and are considered manageable.	Yes	No
REB certificate provided	Yes	No
Affected stakeholders have been consulted and are supportive of the project.	Yes	No
	Stakeholders consulted: Name:_____ Date: _____ Name:_____ Date: _____ Name:_____ Date: _____ Name:_____ Date: _____ Name:_____ Date: _____ Name:_____ Date: _____	
Approval to Proceed with Project (pending ethics approval)	Yes Yes, pending amendments (below) No	



**Perley
Health**

Centre of Excellence
in Frailty-Informed Care™

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<p>Issues to be addressed before the project may proceed. Check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Ethical<input type="checkbox"/> Logistical<input type="checkbox"/> Resources<input type="checkbox"/> Methodological<input type="checkbox"/> Timing<input type="checkbox"/> Other	<p>Please describe next steps required to resolve issue:</p>
<p>Authorized person: Signature:</p>	<p>Date:</p>

Submit by Clicking the Yellow Box Below: