CALHN WELLBEING INITIATIVE / PROJECT APPLICATION FORM

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| Project Title: |
| Lead Investigator: |
| Lead Investigator email address: |
| Lead Investigator brief biography – including current employer and details of existing relationship with CALHN if any |
| Project synopsis – including size, target staff group, research question and aims, evaluation and reporting methods |
| Project potential benefits – indicating which CALHN wellbeing framework dimensions will be impacted (Mind, Body, Connection, Place), how the CALHN wellbeing framework dimension(s) will be impacted and which CALHN staff group(s) may potentially benefit from the project/initiative |
| Project potential risks – please describe all in detail |
| Has NHMRC human research ethics committee approval been obtained  YES  NO  |
| If YES – please provide evidence of approval as well as copies of Participant Information Sheet and Consent Form |
| If NO – why not? |
| What will the investigator contribute to the project? – research staff, funding, other resources |
| What will CALHN be required to contribute to the project? – subjects, data, research support staff, funding, other resources |
| If funding is required – please provide copy of business case |
| Please describe the expected time frames and key milestones for the project - including start and end dates |

Please also provide copies of any other supporting documents and other relevant information which will allow the most thorough assessment of your proposed Wellbeing project/initiative.

Please email completed form and any supporting documents to [Health.CALHN.Wellbeing@sa.gov.au](mailto:Health.CALHN.Wellbeing@sa.gov.au)