



SPOR ENTITIES SUPPORT REQUEST FORM

Please complete the following project support request providing details as indicated below. The information provided will inform the NL SUPPORT Executive in their decision making. Please be concise. **Completed summaries or any questions/concerns may be directed to:**

Catherine Street, Director NL SUPPORT

Catherine.street@med.mun.ca

709 864 6432

NAME OF SPOR ENTITY REQUESTING SUPPORT / SERVICES
NAME OF KEY CONTACT
JOB TITLE / ROLE OF KEY CONTACT
EMAIL ADDRESS OF KEY CONTACT
PROJECT / INITIATIVE TITLE:
IF NOT INITIATED BY A SPOR ENTITY PLEASE INDICATE THE ORGANIZATION THAT INITIATED THE WORK

OVERVIEW – (max 4000 characters)

Please outline; Purpose of proposed project / initiative, measurable outcomes, timelines for completion, innovative approaches, how your project / initiative is patient oriented etc.

PATIENT ENGAGEMENT PLAN (max 4000 characters)

Please outline; At which stages of the project / initiative patients will be involved, how they will be involved and how their involvement will add value?

HAS ETHICS APPROVAL BEEN OBTAINED FOR THE PROJECT / INITIATIVE? Yes No N/A

If yes please indicate which ethics board

If no please indicate when ethics applications will be submitted

If N/A please indicate why

TEAM:

Principal investigator / Lead

Supporting researchers / staff

Patients

REQUESTED SUPPORT / SERVICES FROM NL SUPPORT:

Services – Please be specific - (max 1000 characters)

Skills Required - Please be specific - (max 1000 characters)

Timeframe – please include planned start date, duration of the project and dates of any key milestones (max 1000 characters)

<p>HAS SUPPORT BEEN REQUESTED FROM OTHER SPOR ENTITIES? Yes No N/A</p> <p>If yes which entities, include names and key contacts below</p>
1. SPOR Entity:
Contact details:
2. SPOR Entity:
Contact details:
3. SPOR Entity:
Contact details:
4. SPOR Entity:
Contact details:
5. SPOR Entity:
Contact details:
6. SPOR Entity:
Contact details:
7. SPOR Entity:
Contact details:
8. SPOR Entity:
Contact details:

<p>WHICH REGIONS / LOCATIONS ARE INVOLVED IN THE PROJECT / INITIATIVE?</p> <p>Please indicate if rural or urban if applicable</p>
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HAS WORK OF A SIMILAR NATURE BEEN COMPLETED ELSEWHERE?

If yes please provide details including references if possible

WHICH GROUP(S) WOULD BENEFIT MOST FROM THE OUTCOMES OF YOUR PROJECT / INITIATIVE? (i.e.: what group(s) would you target information and findings towards?)

- Researchers
- Patients
- General Public
- SPOR entities
- Practitioners (MDs, NPs)
- Decision Makers (e.g. program managers, clinic leads, policy makers, etc.)
- Informal Caregivers (ex: family, friends, etc.)
- Health Care Institutions/Organizations (e.g. hospitals, primary care clinics, etc.)
- Disease Specific Organizations/Advocacy Groups (ex: Heart & Stroke Foundation)
- Professional Colleges/Associations (e.g. NLMA, ARNNL, PANL, Royal Colleges, etc.)
- Research Funders/Agencies (e.g. CIHR, etc.)
- Other (please list)

WHAT ARE THE POTENTIAL IMPACTS OF YOUR PROJECT / INITIATIVE? (Max 4000 characters) (For example: enhancing the learning health system, patient engagement, access to and use of data, training and capacity development in POR, facilitating improvement in health care provision or policy change)

FOR NL SUPPORT USE:

1. Date of receipt
2. Date of referral to Executive team
3. Executive team decision approval yes no
4. Requesting team lead informed of decision yes no
5. Estimated value of the services to be provided