



RESEARCH EXPRESSION OF INTEREST TO THE SPASTIC CENTRE'S RESEARCH COMMITTEE

(Electronic Format Only)
Submit to: ethics@tscnsw.org.au
[Maximum 2 pages]

Date:

Project Title:

Person/s Submitting:

Position:

Region:

Contact Details:

Explain the benefit of this project to people with cerebral palsy?

What evidence is available to support the need for this research?
(eg. discussions with peers/service users, results of other research, literature)

What impact will this project have on the academic world?

What would you like to achieve with this project?

Which aspect of The Spastic Centre's Research Agenda does this project address? Why should The Spastic Centre commit to this project?

How do you propose to address this issue (methodology)?
(Refer to the Research Fellow.)

How will this project and its resources and its outcome be funded?

What is the proposed time frame for this project?

Who would supervise this project?
(Please provide name and contact details.)

Service Manager Name and Signature (applicable to The Spastic Centre staff only):

This research proposal may be submitted to an external reviewer with appropriate expertise in the topic. Please indicate if you have any objection to this process.

- ▶ *I do not want this proposal submitted for external review*
- ▶ *I do not want this proposal reviewed by the following person/s _____*