

Please complete the following form to the extent that you are able. Once completed, please submit to: [scpor.pe@saskhealthauthority.ca](mailto:scpor.pe@saskhealthauthority.ca).

Please allow 5-7 days for review of your application.

### Project Title and Principal Investigator

**1. Project Title:**

**2. Principal Investigator**

*Name:*

*Position:*

*Department:*

*Institution:*

*Email:*

*Phone:*

**3. Have you attended:** (check all that apply)

SPOR module Training

Building Research Relationships with Indigenous Communities Training

**4. Do you have a timeline for your request?**

### Study Status

**5. Have you previously contacted SCPOR regarding this study?**

No

Yes – general communication with:

## Research / Project Team

### 6. Team members

Name:

Role in Study:

Organization:

Name:

Role in Study:

Organization:

Name:

Role in Study:

Organization:

Name:

Role in Study:

Organization:

Name:

Role in Study:

Organization:

Name:

Role in Study:

Organization:

## Study Overview

### 7. Study Purpose / Summary (word limit: approx. 300)

## Patient-Oriented Research Assessment

- 8. Explain how patients have been or will be engaged as partners in the research.**  
(word limit: approx. 250)

## Funding and Ethics

- 9. Has ethics approval been obtained for this study?**

Yes – certificate number:

No, but application has been submitted

No, an application has not been submitted

- 10. Has funding been obtained for this study?**      Yes                  No                  N/A

**Amount awarded:**

**Time period of funding:**                          to  
(mm/dd/yyyy)

**Source of funding:**

**11. Is this proposal in preparation for a funding application?**

Yes

No

**Date needed:** (mm/dd/yyyy)

**Funding Agency:**

SHRF (Note: checking this box gives SCPOR permission to share this form with SHRF)

Other:

**Funding Opportunity / Competition:**

***For Internal Use:***

Date Received:

ID#: