## Research Proposal

At Life Without Barriers (LWB) we take our responsibilities to our clients, employees, and carers seriously. We will only consider research proposals /partnerships that can be demonstrated to have a direct benefit to our clients, or to the wider community of our clients. For example, people with disability and their families.

Please familiarise yourself with the Research Partnerships Policy Guideline and Procedure before completing this form. If you have questions, contact stride@lwb.org.au

|  |
| --- |
| AFFILIATION |

|  |  |
| --- | --- |
| **Is this project being undertaken as part of a research team with an LWB member?** | Yes  Form to be completed and endorsed by the LWB research team member and the primary investigator of the research team and research organisation. If the primary investigator is an LWB team member than the proposal must be countersigned by another member of the research team or senior person at the research organisation.  No  Form to be completed and endorsed by primary investigator named in Section 2 and by LWB contact person /representative. |

|  |
| --- |
| **RESEARCH CONTACT DETAILS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRIMARY INVESTIGATOR | | | | |
| **Full Name** |  | | | |
| **Position** |  | | | |
| **Organisation** |  | | | |
| **LWB Team Member** | Yes  No | | | |
| **Phone** | **Business** |  | **Mobile** |  |
| **Email** |  | | | |
| **Address** |  | | | |
| **OTHER RESEARCH TEAM MEMBERS** | | | | |
| **Full Name** |  | | | |
| **Position** |  | | | |
| **Organisation** |  | | | |
| **LWB Team Member** | Yes  No | | | |
| **Phone** | **Business** |  | **Mobile** |  |
| **Email** |  | | | |
| **Address** |  | | | |
| **OTHER RESEARCH TEAM MEMBERS** | | | | |
| **Full Name** |  | | | |
| **Position** |  | | | |
| **Organisation** |  | | | |
| **LWB Team Member** | Yes  No | | | |
| **Phone** | **Business** |  | **Mobile** |  |
| **Email** |  | | | |
| **Address** |  | | | |
| **LWB LIAISON PERSON** (If there is no LWB Research Team Member) | | | | |
| **Full Name** |  | | | |
| **Position** |  | | | |
| **Organisation** |  | | | |
| **LWB Team Member** | Yes  No | | | |
| **Phone** | **Business** |  | **Mobile** |  |
| **Email** |  | | | |
| **Address** | \* Add more names if required | | | |

|  |
| --- |
| **PROJECT DETAILS** |

|  |  |
| --- | --- |
| **Project Name** |  |
| **Project Description**  Please use plain language and include information about how the research will be conducted – attach separate pages if necessary |  |
| **Project Methodology**  Please provide details of the methods to be used e.g.: focus groups, interviews, surveys. Please attach any instruments if available e.g.: interview guides. |  |
| **Project Timeframe**  Please provide planned dates for project phases e.g.: ethics approval, data collection, analysis etc. |  |
| **Congruence with practice framework and strategy 25.**  Describe how the research is consistent with Strategy 25 and with relevant practice frameworks eg: CARE. Highlight any areas of possible incongruence. |  |

|  |
| --- |
| TARGET GROUP |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select All that Apply** | Employees | Clients | Aboriginal & Torres Strait Islander People | |
|  | Client Families | Carers | Children | |
|  | Children, Young People and Families | Homelessness Services | Older Australians | |
|  | Mental Health Services | Disability Services | Refugees and Asylum Seekers | |
|  | Other (please describe) |  | | |
|  |  |  | | |
| **Location** | Nationwide | Other (please describe) | |  |

|  |
| --- |
| **AUDIENCE AND USE** |

|  |  |
| --- | --- |
| **How will the results be presented?** |  |
| **Will the results be made publicly available?** |  |
| **Will the results be made available to LWB?**  We require researchers to commit to sharing findings with us as much as possible. |  |

|  |  |
| --- | --- |
| WHAT IS THE “ASK” FOR LWB EG: WHAT IS THE LWB ROLE OR TASKS? | |
| **Please be specific and include both financial and non-financial costs and resources.** |  |

|  |  |
| --- | --- |
| WHAT ARE THE RISKS AND MITIGATIONS FOR THE PARTICIPANTS IN THIS RESEARCH? | |
| **Please answer this as appropriate for your research design and methodology with reference to any vulnerable groups eg: children** |  |

|  |
| --- |
| **BENEFIT STATEMENT** |

|  |  |
| --- | --- |
| **Please describe how this research will benefit LWB’s clients or client communities.**  **LWB will only participate in research when there is a tangible benefit to our clients.**  **We will not balance current risk of harm with future potential benefit.** |  |

|  |
| --- |
| **OTHER INFORMATION** |

|  |  |
| --- | --- |
| **Please provide any additional information in support of your proposal** |  |

|  |
| --- |
| ENDORSEMENT |

|  |  |
| --- | --- |
| **To be completed in accordance with requirements on page 1.** | **By signing this form, I certify that:**   * To the best of my knowledge, all the details provided in this form are correct * I have read the Research Partnerships Policy Guideline * The project will be at all times conducted in line with nationally accepted principles of ethical research, with particular emphasis on respect for human research participants * I will immediately notify LWB of any client health, safety, wellbeing or related concerns that arise during the research project * I will immediately notify LWB if any material aspect of the research project changes * I have read and understand the [LWB Values Statement](http://www.lwb.org.au/who-we-are/our-values/) and the Research Partnerships Policy Guideline and will abide by these principles while undertaking this project * Any other concerns I may have with this project are in an attached document |

Send completed forms along with any requested documentation to [**stride@lwb.org.au**](mailto:stride@lwb.org.au)

**Please write *Research Partnerships* in the subject line.**