

RESEARCH PROPOSAL INFORMATION SUMMARY
(Information to be completed by all Researchers)

1. Name(s) of researcher(s)

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2. Work address:

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3. Work telephone:

3. Contact address (if different from above)

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Contact telephone:

4. Type of research to be conducted

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5. Reason(s) for conducting the research

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6. Aim(s) of the research

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7. Is this study being carried out under the supervision of an educational institution?

Yes

Name of Institution:

Course or Program:

Name of Supervisor:

No

Please send form to: The Research Office
The College of Nursing
Locked Bag 3030
Burwood NSW 1805