Research Approval Application

To Asian Institute of Disability and Development (AIDD) Research Committee

***(Electronic Format Only)***

Submit to: ***disabilityasia@gmail.com***

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| --- | --- |
| Date: | DD / MM / YYYY |

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| --- | --- | --- | --- | --- |
| **Project Title:** |  | | | |
| **Names(s), Titles(s), Qualifications, Dept/Locations and Contact Details** | | | | |
| **Principal Investigator:** | |  | | |
| **Associates and Co-Investigator:** | |  | | |
| **Proposed Date of project commencement:** | | |  | |
| **Proposed Duration of Project:** | | |  | |
| **Summary of Project:**  *(Including impact on people with cerebral palsy/other disabilities and academic world)* | |  | | |
| **Aims & Significance**  *(Include Research Question/s and Hypothesis)* | |  | | |
| **Justification**  *(including literature review and background)* | |  | | |
| **Statement of Outcomes & Benefits** | |  | | |
| **Method** | | | | |
| **Design** | |  | | |
| **Participant Inclusion/ Exclusion Criteria** | |  | | |
| **Recruitment** | |  | | |
| **Dissemination of Results & Recommendation** | |  | | |
| **Allocation of Resources (AIDD Staff Only)** | | | | |
| **Staff Time** | |  | | |
| **Other – give details** | |  | | |
| 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: | | | | □ Yes □ No |
| * I do not want this proposal reviewed by the following person(s): | | | |  |