## Request to Involve UWS Medical Students as Research Participants

|  |  |
| --- | --- |
| **Date of request**  |  |
| **Researcher name and affiliation**  |  |
| **Contact details**  |  |
| **Title of project**  |  |
| **Participants e.g. Year, cohort** |  |
| **Recruitment method**  |  |
| **What will participation involve for students? E.g. time required** |  |
| **Resources required or expected from SoM staff e.g. survey administration** |  |
| **Proposed timeline** |  |
| **Mandated by accreditation or university?** |  |
| **Ethical approval obtained? If yes, approving HREC** |  |
| **Plan for disseminating results**  |  |
| **Copy of** 1. **Data collection instrument**
2. **Participant information sheet**
3. **Consent form**
 |  |

Please return completed template to Prof Wendy Hu MedEvaluations@uws.edu.au Chair, UWS School of Medicine Evaluation Committee.