## Request to Involve UWS Medical Students as Research Participants

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| **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](mailto:MedEvaluations@uws.edu.au) Chair, UWS School of Medicine Evaluation Committee.