**AHE-RC NOICE OF INTENTION (NOI) FORM**

This Notice of Intention (NOI) applies to all research projects involving Alfred Health Emergency (AHE)\* patients, staff, resources, and/or environment. This form must be submitted before ethics submission and is an essential step before AHE Head of Department approval.

*\*This applies to both the Emergency and Trauma Centre, and Sandringham Hospital Emergency Department.*

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| --- | --- | --- |
|  | AHE-RC contact | Principal Investigator/Researcher |
| Name | Carly Talarico |  |
| Email | [carly.talarico@alfred.org.au](mailto:carly.talarico@alfred.org.au) |  |
| Department | Alfred Health Emergency |  |
| Telephone | +61 423 835 013 |  |

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| --- | --- |
| **Project Details** | |
| Title |  |
| Aims/ Objectives |  |
| Campus involved in the project | The Alfred Sandringham Caulfield Other (please specify) |
| Study Design (select more than one if mixed-methods) | Trial Prospective cohort Retrospective cohort Case-control Cross-sectional Qualitative |
| Inclusion and Exclusion Criteria |  |
| Participant recruitment | Medical records review Survey Prospective enrolment |
| Who will recruit participants? | Study personnel AHE staff Other (please specify) |
| Are there any nurses on the study team? | Yes (please specify name/s below) No |
| Expected Sample Size |  |
| Expected Project Commencement Date |  |
| Expected Project Completion Date |  |
| Supporting Documents Attached | Protocol Ethics Application Other (please specify) |

**Details of Internal Personnel Involved** *(add more rows as required)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Alfred Health Department/Unit | Position | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Details of External Personnel involved** *(add more rows as required)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Institution/Company | Position | Email |
|  |  |  |  |
|  |  |  |  |
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**Principal Researcher’s Declaration**

I have discussed this project with the AHE-RC, and agree to abide by the following *Key Principles of research conducted at/within AHE:*

* All research projects must be approved by the AHE-RC prior to commencement
* The AHE-RC must be notified of any amendments to the project, including, but not limited to any ethics application amendments
* All research projects being conducted at AHE must have at least one AHE staff as an investigator
* Any publication or presentation resulting from an approved project must have “Emergency & Trauma Centre, The Alfred Hospital” or “Sandringham Hospital Emergency Department, Alfred Health” as an affiliation of at least one of the authors.
* Uniform requirements for manuscripts submitted to biomedical journals, as stipulated by the International Committee of Medical Journal Editors, must be adhered to ([https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html](https://urldefense.com/v3/__https:/www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html__;!!NDYExDT0u85SdT4!ordnkzuh6E1X76LNEO61UzwiUThUqUKole9lKArRk0klUVkRrwssN3QEseBUHWsiRREuEaFOf36s5WS36PwlY_jmKmf1s2xAArA$))
* The chief investigator or representative must submit a progress report at least every 6 months to the AHE-RC until completion of the project (please address all progress reports and NOI forms to [carly.talarico@alfred.org.au](mailto:carly.talarico@alfred.org.au))

(If applicable) I have made the following amendments to this research project, as requested by the AHE-RC:

|  |
| --- |
|  |

Name: ………………………………………...

Signature: ………………………………………...

Date: ……………………………………………….

**AHE-RC Chair’s Declaration**

My signature indicates that I have reviewed this NOI (and if applicable, any amendments as stated above) and support this research project.

Name: ………………………………………...

Signature: ………………………………………...

Date: ……………………………………………….