

## KING ABDULAZIZ UNIVERSITY HOSPITAL

## **Nursing Education & Research Unit**

## **Nursing Research Proposal Submission Form**

Name:		
Address:		
Contact no:		
Email:		
Employee no or student ID no:		
Saudi council no:		
Research title		
Research design		
Research setting		
Data collection method  Questionnaires Observation with checklist – participative / non participative Interview – individual/focus group Interventional study – HCWs/patients/family  Nursing Research approval requirement		
Checklist of documents below need to be submitted for process of approval:		
	Curricula V	Titae
	Certificatio	n letter from the organization, eg. University
	Completed	Research Proposal (* as stated below)
	Copy of ins	struments used to collect data
	Consent for	m
	Copy of Sa	udi Council Registration
	Passport ph	otograph

	1. Statement of problem.
	2. Purpose of research – Aim and specific objective.
	3. Research question or hypothesis.
	4. Review of literature.
	5. Methodology
	a. Design
	b. Sample
	(i) Criteria for sample, including methods for sample selection, safeguards for protection of participants and procedure for obtaining informed consent.
	c. Setting
	d. Instruments (attach copies of all instruments)
	e. Data collection procedure
	6. Data analysis plan
	7. Budget (if necessary)
	8. Copies of informed consent and subject recruitment scripts, emails, and flyers.
	9. Names and titles of principal investigator(s) and all other persons involved in
	Project, including consultants, research assistant etc
	10. Approval letter from the University/ Organization.
	11 Proposed dates for initiation and completion of data collection.
	12. Proposed dates for dissemination of the results of the study and implications for nursing practice.
I,	Employee no/ID no
Theref	Fore I agree to adhere to KAUH Nursing Research Policies
Resear	rcher:
Name	& Signature Date

\* A completed Research Proposal should include:

**Nursing Research Committee Meeting** 

Date :				
Feedback:				
☐ Approved ☐ Not Approved				
Recommendation/s				
Arrangement for KAU Biomedical Ethic submission				
Date:				
Researcher Name & Signature:				