

# Research Application form



Safe Network is committed to support research in those areas relevant to the work of the Agency. Consideration of any research proposal will take into account its relevance to the work of Safe Network, its client base and the wider Harmful Sexual Abuse (HSB) and social services sector, and its impacts on Safe Network’s resources including staff time and incidental costs.

Please complete the following form and attach any relevant supporting documents.

## Research proposal

Name of applicant:

Name of institution or organisation:

Title of research proposal:

Date of application:

1. Brief summary of outline research proposal.

2. Research scope including linkage to relevant literature (please attach to this application). The research scope should include details of all researchers involved and if/how the research supports their education, training and professional development.

3. Any potential areas of the research proposal that are of interest to or are of concern to Māori, and how these are reflected in the research design.

4. Ethics approval and/or evidence to confirm this proposal complies with appropriate medico-legal, professional and ethical standards (please attach to this application).

5. Involvement with any other organisations in the proposed research, including sponsors, funders and other research sites.

6. Proposed research outputs, including details of the outputs to be provided to Safe Network.

**Relevance to Safe Network**

*Please provide details on the anticipated relevance of your research to:*

7. The work of Safe Network, including how it will inform clinical or business practice.

8. The wider harmful sexual behaviour sector i.e. STOP, WellStop.

9. The broader social services sector.

10. Safe Network's client base

11. Any other relevant agency, stakeholder or party.

**Impacts on Safe Network**

*Please provide details on the expected impacts of your research on Safe Network.*

12. Duration of field work.

13. Any support required by Safe Network clinical or administration staff.

14. Any requirements for workspace or resources.

15. Any direct involvement with Safe Network clients, their support people, networks and/or referrers.

16. Any impacts on clinical workflow of Safe Network's assessment and/or intervention processes.

17. Any potential financial impacts on Safe Network.

**Any other information.**

*Please provide any other information you would like Safe Network to consider.*