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STUDY DEMOGRAPHICS

1. TITLE OF THE STUDY: .....

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2. KNH/UON-ERC PROTOCOL REF NO: .....

3. NAME OF THE PRINCIPAL INVESTIGATOR: .....

4. INSTITUTIONAL AFFILIATION: .....

5. DEPARTMENT NAME: .....

6. MAILING ADDRESS: .....

PHONE NUMBER: ..... E-MAIL ADDRESS: .....

7. CATEGORY OF PROPOSAL (TICK as appropriate)

POSTGRADUATE: POSTGRADUATE DIPLOMA [ ] MASTERS [ ] PhD [ ] POSTDOCTORAL [ ]

UNDERGRADUATE: CERTIFICATE [ ] DIPLOMA [ ] HIGHER DIP [ ] DEGREE [ ]

OPERATIONAL RESEARCH: CLINICAL [ ] SOCIAL SCIENCE [ ] EPIDEMIOLOGY [ ] INTERVENTIONAL [ ]

CLINICAL TRIAL [ ]

8. SOURCE OF FUNDING .....

9. PROPOSED DATA COLLECTION SITES: .....

10. STUDY DURATION .....

11. FOR ACADEMIC PROPOSALS

a) NAME OF PRIMARY SUPERVISOR: .....

b) AFFILIATED INSTITUTION: .....

c) PHONE NUMBER: ..... E-MAIL ADDRESS: .....

d) OTHER SUPERVISORS.....

e) AFFILIATED INSTITUTION: .....

f) PHONE NUMBER: ..... E-MAIL ADDRESS: .....

12. HOW WOULD YOU WISH TO GET YOUR FEEDBACK

PICK FROM OFFICE: .....

By EMAIL TO: ..... CONTACT TEL. : .....

SIGNATURE ..... Date: .....