

RESEARCH CHALLENGE 2024

Notice of Intent Application Form

To apply to participate in the research challenge, complete and email this form to: bcmhsus_research@phsa.ca

Submission deadline: Friday, January 26th, 2024

Project Details

Date: _____ Program: _____

Site: _____ Dept/Unit: _____

Project title (can be changed later): _____

Describe your project idea or research question, in 250 words or less

Which BCMHSUS directional priorities does your project support (select up to 3)?

- Achieve and advance the highest quality of care
- Advance, apply and share knowledge
- Develop a strong and vibrant workforce
- Create an exceptional patient, client and family experience
- Strengthen systems of care

Research Team

Your team must have at least three members, including the team leader. The Team Leader is responsible for all phases of the research project and coordinating the work of the team.

Team Leader Name: _____ Job Title: _____ Program/Dept/Unit: _____ Email: _____ Phone: _____ Signature: _____	Team Member Name: _____ Job Title: _____ Program/Dept/Unit: _____ Email: _____ Phone: _____ Signature: _____
Team Member Name: _____ Job Title: _____ Program/Dept/Unit: _____ Email: _____ Phone: _____ Signature: _____	Team Member Name: _____ Job Title: _____ Program/Dept/Unit: _____ Email: _____ Phone: _____ Signature: _____

If necessary, add additional team member names and information on a separate page.

Research Mentor

Please indicate whether (or not) you have contacted a potential Research Mentor below. Mentors are experienced in research and will help refine your research question, help you plan your methods, and provide guidance as you develop your funding proposal (due Spring 2024).

Yes, the Team Leader has contacted the Research Mentor about this project:

Name of Mentor:	_____
Job Title:	_____
Program/Dept/Unit:	_____
Email:	_____
Phone:	_____
Signature:	_____

No, the Team Leader has not contacted a Research Mentor about this project and would like help finding one.

Patient Partner

Patient partnerships are mandatory. Please indicate whether (or not) you have contacted a potential Patient Partner below.

Yes, the Team Leader has contacted the Patient Partner about this project:

Name of Patient Partner:	_____
Job Title:	_____
Program/Dept/Unit:	_____
Email:	_____
Phone:	_____
Signature:	_____

No, the Team Leader has not contacted a Patient Partner about this project and would like help finding one.

Manager Approval & Support

Manager's approval. By signing below, I acknowledge that the Team Leader/ Team Member (below) has discussed this Notice of Intent with me. I agree to support them in this project, including facilitating their participation in Research Challenge workshops. If this project is awarded funding (Spring 2024), I will endeavor to provide backfill (funded by the Research Challenge) or otherwise facilitate to support this Team Leader's / Member's ability to commit time to work on this project.

Manager of Team Leader: _____ Job Title: _____ Signature: _____	Manager of Team Member 1: _____ Job Title: _____ Signature: _____
Manager of Team Member 2: _____ Job Title: _____ Signature: _____	Team Member 3 Name: _____ Job Title: _____ Signature: _____

If necessary, add additional Manager names and information below: