



Research Intake Analysis Form

This Research Impact Form is designed to help determine what resources are required to support your research project before it starts. Please set up a meeting with the Abilities Centre Research Ethics to discuss further (researchethics@abilitiescentre.org). Prior to meeting with Research Ethics, complete this form to the best of your ability. The remainder of the document can be completed in your meeting with Research Ethics. If you have a protocol and budget that has already been developed, please append to this form.

Title of Project: _____

Principle Investigator: _____

Email: _____

Telephone Number: _____

Abilities Centre Staff? Yes No

Co-investigator: _____

Email: _____

Telephone Number: _____

Abilities Centre Staff? Yes No

Co-investigator: _____

Email: _____

Telephone Number: _____

Abilities Centre Staff? Yes No

Abstract (*approximately 250 words; includes background information, method & hypotheses*):



Does this project involve Abilities Centre members? Yes No

If yes, complete the following:

Program	What is required of the participants?	Approximate number of participants	Anticipated time per participant	Anticipated duration of data collection	Name of Program Lead, Manager or Director	Signature	Date



Does this project involve Abilities Centre Staff? Yes No

If yes, complete the following:

Staff	What is required of the staff?	Approximate number impacted	Anticipated time per staff	Anticipated duration of data collection	Name of Program Lead, Manager or Director	Signature	Date



Does this project require additional resources? Yes No

If yes, please complete the following:

	What is required?	Associated cost (if relevant)	Name of Program Lead, Manager or Director	Signature(s)	Date
Programs and Services					
Facilities					
Finance and Accounting					
Human Resources					
Information Technology					

Member Services					
Communication and Marketing					
Research					

Human Resource & Student Considerations:

Will additional staff need to be hired? Yes No

If yes, how are they funded? _____

Where will they be located? _____

Will staff from other organizations be on-site? Yes No

If yes, who? _____

Will students from other organizations work on this project? Yes No

If yes, who? _____



Required Signatures:

Principal Investigator:

Name (please print): _____

Signature: _____

Date: _____

Director, Research:

Name (please print): _____

Signature: _____

Date: _____