

# **Research Proposal**

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| 1. **Are you a teacher intending to undertake the research in your own school?** | |
| YES | NO |

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| 1. **Project Title:** |

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| 1. **Project leader or principal investigator:** | | |
| **Surname**: | | **Given Names:** |
| **Address:** | | |
| **Telephone:** |  | **Facsimile:** |

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| 1. **Is the proposed study to be undertaken as part of course requirements for an award from a tertiary education institution?** | | |
| YES | | NO |
| **IF YES** | (a) **What award, Post or Undergraduate?** | |
| (b) **What tertiary education institution?** | |
| **IF NO** | **Please give the name of your organization:** | |
| **Government funded. If so by which agency?** | |
| **Privately funded** | |

1. **If you have a supervisor, secondary investigators or a project team, please list their names, roles in the project and their places of work:**

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| **Name** | **Role** | **Faculty/School/Other** |
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| 1. **Brief description of the major objectives of the project:** |

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| 1. **Brief description of the project’s proposed methodology:** |

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| 1. **Which schools do you intend to ask to participate in the project?** |

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| 1. If your study involves questionnaires, interviews etc, approximately how many respondents are to be included, and of what type (eg principals, teachers, students, parents, school board members)? *Please attach your proposed questionnaires and/or interview schedules*. | | | | | |
| **Type of Respondent** | **Approximate number to be involved in:** | | | **Total respondents** | **Total time required** |
| **Questionnaires** | **Interviews** | **Other** |
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| 1. **Total time required of school/s to participate in the research (this includes all activities).** |

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| 1. **Please provide a planned schedule specifying the date when the major steps in your project will be started and completed.** | | |
| **Step** | **Starting date** | **Completion date** |
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| **For Applicant:**   1. I amaware that approval for this research proposal will be conditional upon my agreement to provide a copy of the study report, upon completion, to School and Family Services, Catholic Education Office. | |
| Signature: | Date: |

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| **For Supervisor (or equivalent):**   1. I have examined this research proposal and I am satisfied that the proposed purposes, approach and research instruments are appropriate and feasible. | |
| Signature: | Date: |
| School/Faculty/Organisation: |  |

**Note: Please ensure both the Applicant and the Supervisor (or equivalent) have signed the application form for the research application to be formally considered.**