



Australian Rheumatology Association Database (ARAD)

EXPRESSION OF INTEREST TO ACCESS ARAD

ARAD is a longitudinal health registry owned by the Australian Rheumatology Association (ARA) and is supported by an NHMRC Enabling Grant. For a description of the data contained in ARAD please refer to the access policy document, available from the NHMRC website <http://nhmrc.gov.au/funding/types/granttype/access.htm> and the ARA website <http://www.rheumatology.org.au/rheumatologists/aradatabase.asp>

This form should be completed and submitted with a full project proposal and evidence of ethics clearance to:

ARAD Project Co-ordinator
c/- Suite 41, Cabrini Medical Centre
Cabrini Hospital
183 Wattletree Road
MALVERN, VIC, 3144.

The Project Proposal should be between 3-6 pages in length (single spaced, 12 point font) and should outline the background, aim(s) and hypotheses, methods and significance of the proposed research. The information you provide will be considered by the ARAD Scientific Advisory Committee. A representative of the committee will contact you after your proposal has been reviewed.

For further information, contact the ARAD Project Co-ordinator on (03) 9508 1652.

1. Title of project

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2. Chief investigator

Title	
Name	
Position and institution	
Address	
e-mail	
Telephone	
Fax	

3. Associate Investigators

Title	
Name	
Position and institution	
Address	
e-mail	
Telephone	
Fax	

Title	
Name	
Position and institution	
Address	
e-mail	
Telephone	
Fax	

Title	
Name	
Position and institution	
Address	
e-mail	
Telephone	
Fax	

(add more tables as required)

4. Summary of research project (max 400 words). Please include a brief background, aim(s) and methods, the proposed role of ARAD and the data required)

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5. Membership

Are you a member of the Australian Rheumatology Association?

YES No

6. Ethics clearance

Have you obtained ethics clearance for the proposed project?

YES No

If YES, evidence of ethics approval should be attached to this form.

If NO, explain why ethics approval has not been sought.

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7. Funding

Have you secured funding for this project?

YES No

If YES, please describe the source, amount and duration

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If NO, please describe your intentions to secure funding or the reason funding is not required

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8. Submission Checklist

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Attached a full Project Proposal | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Completed “Expression of interest” form | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Attached evidence of Ethics clearance | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |