



Provincial Health Services Authority

# Practice-based Research Challenge 2024

## Letter of Intent (Initial Application)

**Due: February 12, 2024 by 4pm.** Submit completed form to [research.kt@bccancer.bc.ca](mailto:research.kt@bccancer.bc.ca).

Date: \_\_\_\_\_ BC Cancer Centre: \_\_\_\_\_

Team leader's Unit/Department: \_\_\_\_\_

**Your project idea or research question** (Please limit to 250 words. Use an extra page if necessary)

<b>Name of Team Leader:</b> _____		<b>**Signature</b> _____	
Profession: _____	BCNU member <input type="checkbox"/>	Job Title: _____	
Email: _____		Phone: _____	
Full/Part Time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of Service at BC Cancer	> 1yr <input type="checkbox"/> < 1yr <input type="checkbox"/>

*(Team leader must have been a full or part time employee of BC Cancer for at least one year)*

**Other team members and their contact information. Note:** at least one team member must be a point-of-care staff. If, additional team members, add names with all required information on a separate sheet of paper.

Name	Name
Profession: _____ BCNU member <input type="checkbox"/>	Profession: _____ BCNU member <input type="checkbox"/>
Job Title: _____	Job Title: _____
Dept/Unit: _____	Dept/Unit: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Signature: _____	Signature: _____

*\*\*\*The Research Challenge is open to point-of-care employees of BC Cancer who have little or no research experience and have little opportunities to get funding and training to lead research projects. If you are a physician/experienced researcher, consider becoming a team mentor. It is important that your application is complete and team members meet the inclusion criteria\*\*\**

*If you have questions about eligibility, email [research.kt@bccancer.bc.ca](mailto:research.kt@bccancer.bc.ca)*

**Manager Support:** I have discussed the research project idea with the team leader, and I agree to facilitate their attendance to research skills webinars to be held during Spring 2024 (during work hours). I understand that these workshops are complimentary (i.e. no funding available to pay for release time) and arrangements will be negotiated on a case by case basis. If the project is funded, release time from work is not expected during key stages of CST implementation. If this project is related to my department's CST priorities, I agree to support the team with information and specific guidance (if needed).

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Agreement between team members and Research Challenge Organizing Committee\*\*\***

If you are accepted for participation in the Research Challenge, the Research Challenge organizing team agrees to work with you to select a mentor for your project and provide research skills training. **By signing above**, you agree to communicate with the organizing committee any changes to your team or your participation, to complete the on-line Research Challenge evaluation surveys, and to encourage all team members to complete the surveys. At least one team members must attend the online training sessions.