#### **Peter MacCallum Cancer Centre**

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# Department of Health Services Research (DHSR) EOI contact form

This form is designed to help us process your request as quickly as possible. All sections marked with an asterisk must be completed.

#### **Contact Details**

| Contact Details                        |
|--|
| First name *                           |
| Last name *                            |
| Phone number *                         |
| Email address *                        |
| Do you have a Peter Mac appointment? * |
| If yes, please state your department.  |

### **Project Details**

Please provide a summary of your project. (Maximum 200 words.)

#### Project documentation.

Do you have a draft protocol and/or grant proposal?

If yes, please provide a copy of the protocol and/or proposal.

#### What is the estimated project timeline?

Approximate start date: Approximate end date:

#### Do you have funding to support HSR engagement?

If yes, please state the funding source.

#### What level of engagement are you seeking?

Support service only Intellectual involvement, ie. study investigator

#### Services

(Please tick all that apply)

#### I seek support in the areas of \*

- Project/research design
- Intervention development
- Data management
- Co-design methods
- Quantitative methods
- Qualitative methods
- Implementation science
- Health economics
- Not sure

#### I seek support for \*

- Concept development
- Consumer engagement
- Grant development
- Protocol development
- Development of study materials
- Database development
- Project/research management
- Data analysis
- Reporting/dissemination
- Not sure

## Any other information you would like to provide?