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| COSA Survey Distribution Application Form  ***To be completed by the applicant when submitting a request to COSA*** | **COSA-Logo-BLUE-RGB-72dpi** |

***This application form should be completed and submitted after referring to the*** [***COSA Survey Policy***](https://www.cosa.org.au/publications/policies.aspx)

**Checklist of documents to be provided to support your application:**

**A written submission of the research project, its aims, and projected outcomes**

**Evidence of ethical approval *(applications can be made prior to ethical approval; however surveys will not be distributed until ethical approval has been given)***

**Copies of all approved survey or questionnaire material**

**Copies of all communications to be sent including covering emails, participant information statements and one reminder communication (if required)**

**Study Title:**  Click here to enter text.

**Application submitted by:** Click here to enter text.

**Guiding principles for COSA activities:**

1. COSA activities should have a multidisciplinary focus
2. COSA activities should have a clinical focus
3. COSA activities should have outcomes relevant to its members, patients and carers
4. COSA will act as a hub and facilitator for idea generation

**Please provide a statement addressing how this survey aligns with COSA’s mission and cancer.**

Click here to enter text.

**When is the survey expected to be distributed?** Click here to enter a date.

Please include any comments about the timing of survey distribution you may wish to share with the COSA Survey Review Committee, including any reminders to be sent:

Click here to enter text.

**Are the all documents submitted the final documents?**

Yes

No (If No, please indicate what is not finalised. This may affect the decision of the COSA Survey Review Committee)

Click here to enter text.

**How will you report your results back to the survey participants?**

Click here to enter text.

**Who within the COSA membership would you like to complete this survey?**

*Please note: surveys are only distributed to members who have elected to receive electronic communication from COSA*

All COSA members

**OR** please select which COSA Group(s) you survey should be distributed to:

|  |  |
| --- | --- |
| Adolescent & Young Adult | Biobanking |
| Breast Cancer | Cancer Biology |
| Cancer Care Coordination | Cancer Pharmacists |
| Clinical Trials Research Professionals | Complementary & Integrative Therapies |
| Developing Nations | Epidemiology |
| Exercise & Cancer | Familial Cancer |
| Gastrointestinal Cancer | Geriatric Oncology |
| Gynaecological Cancer | Lung Cancer |
| Melanoma & Skin Cancer | Neuroendocrine Tumours |
| Neuro-Oncology | Nutrition |
| Paediatric Oncology | Palliative Care |
| Psycho-Oncology | Radiation Oncology |
| Rare Cancers | Regional & Rural Oncology |
| Surgical Oncology | Survivorship |
| Urologic Oncology |  |

**OR** please select the profession(s) you wish to distribute the survey to:

|  |  |  |
| --- | --- | --- |
| Administration/Management | Advanced Trainee | Clinical Research Professional |
| Geneticist | Educator/Academic | Medical Oncologist |
| Nurse | Nutritionist/Dietician | Palliative Care Physician |
| Pharmacist | Psycho-Oncologist | Radiation Oncologist |
| Radiation Therapist | Social Worker | Surgeon |

**Has this survey been submitted for distribution with any other organisation?**

Yes (If yes, fill in the table below)  No

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation(s) | Status of request | Does their distribution list overlap with COSA membership? | How will you deal with duplicate participants across the organisations?\* |
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\*This will be taken into consideration when assessing the burden on COSA members