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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

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| 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