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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/about-us/surveys/) ***All requests must be made in writing to*** ***cosa@cancer.org.au***

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

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

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

[ ] A completed application form

[ ] A copy ofthe study protocol

[ ] Copies of all approved survey, questionnaire or interview material

[ ] Copies of all communications to be sent including covering emails, one reminder communication (if required) and the participant information statement (if there is one)

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

If this has not been provided, please explain the reason:

Click here to enter text.

**Are all the documents submitted the final documents?***Please note: the COSA Survey Review Committee may ask you to respond to queries and/or comments on the survey and materials. In our correspondence you will be advised if a satisfactory response is required for approval, or simply for the Committee’s information.*

[ ]  Yes

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

Click here to enter text.

[ ] I agree/commit to providing COSA with a short written statement of the study’s outcomes for communication to COSA members upon completion of the research. (This is a requirement for the application to be successful)

**Please provide a brief outline of your research project, its aims and projected outcomes.**

Click here to enter text.

**Please provide a statement addressing how this survey aligns with COSA’s mission, which is:**To improve cancer care and control through multidisciplinary and interdisciplinary collaboration.

COSA achieves this by:

* supporting the professional and educational needs of cancer health professionals
* enhancing cancer care and control through network development
* advocating for improvements in cancer care and control
* facilitating research across the spectrum of cancer

Click here to enter text.

**It can take up to four weeks to review your application and schedule its distribution. With that in mind, please advise when you would like the survey to be distributed, including the timing of any reminder to be sent, and any other relevant information on the timing of the survey**:

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:

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| --- | --- |
| [ ]  Adolescent & Young Adult | [ ]  Breast Cancer |
| [ ]  Cancer Biology | [ ]  Cancer Care Coordination |
| [ ]  Cancer Genetics | [ ]  Cancer Pharmacists  |
| [ ]  Clinical Trials & Research Professionals  | [ ]  Epidemiology |
| [ ]  Exercise & Cancer  | [ ]  Gastrointestinal Cancer  |
| [ ]  Geriatric Oncology | [ ]  Global Oncology  |
| [ ]  Gynaecological Cancer | [ ]  Integrative Oncology |
| [ ]  Lung Cancer | [ ]  Melanoma & Skin Cancer |
| [ ]  Neuroendocrine Tumours | [ ]  Neuro-Oncology |
| [ ]  Nutrition | [ ]  Palliative Care |
| [ ]  Psycho-Oncology | [ ]  Rare Cancers |
| [ ]  Regional & Rural Oncology | [ ]  Surgical Oncology |
| [ ]  Survivorship | [ ]  Urologic Oncology |
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**OR** please select the profession(s) you wish to distribute the survey to:

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| [ ]  Administration/Management | [ ]  Advanced Trainee | [ ]  Clinical Research Professional |
| [ ]  Educator/Academic | [ ]  Epidemiologist | [ ]  Exercise physiologist  |
| [ ]  General Practitioner/ Primary care Physician | [ ]  Geneticist | [ ]  Haematologist |
| [ ]  Medical Oncologist | [ ]  Nurse | [ ]  Nutritionist/Dietitian |
| [ ]  Occupational Therapist | [ ]  Pathologist | [ ]  Palliative Care Physician |
| [ ]  Pharmacist | [ ]  Physiotherapist | [ ]  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