



Te Whatu Ora – Capital, Coast and Hutt Valley

INTERIM RESEARCH ADVISORY GROUP – MĀORI (IRAG-M)

Checklist for IRAG-M Applicants

Please attach with your IRAG-M application form.

Before emailing your application form, please check to make sure that **all relevant information has been attached**. Please send all attachments to ragm@ccdhb.org.nz.

If not applicable to the application write N/A (not applicable).

Please note: Incomplete applications may not be considered by IRAG-M.

Item	Yes or N/A
<i>IRAG-M application form</i>	
<i>All patient information and consent forms</i>	
<i>Documentation for collecting patient information</i>	
<i>Study protocol</i>	
<i>Ethics application form(s) / documentation</i>	
<i>Payment of fees</i> <ul style="list-style-type: none">✓ <u>Internal researchers</u>: completed internal funds transfer form✓ <u>External researchers</u>: fees payment form✓ <u>External researchers from Otago or Auckland University</u>: completed Purchase Order number form <p><i>Note: An IRAG-M # will not be allocated until application has been submitted, so if you do not have one, please include study title in funds transfer / purchase order number forms.</i></p>	
<i>Other documentation – please describe:</i>	