



Te Whatu Ora – Capital, Coast and Hutt Valley

## INTERIM RESEARCH ADVISORY GROUP – MĀORI (IRAG-M)

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