

Letter of Intent

Tentative Project Title:

Your project idea or research question (Please limit to 250 words. Print below or attach extra page.)

My project is linked to the following PHC Strategic Directions:

(For a description of these directions, visit https://www.providencehealthcare.org/en/governance/strategic-plans)

Quality-Forward	People-Forward	Learning-Forward	Partnerships-Forward
Name of Team Leader:		**Signature:	
Profession:		Title:	
Dept/Unit and Site:			
Email:		Phone:	

TEAM MEMBERS - NOTE: at least one team member must be a point-of-care staff (DC-1 for nursing, Grade 1 or 2 for allied staff). Use a separate sheet for additional members, if needed.

Name:	Name:
Profession:	Profession:
Title:	Title:
Dept/Unit:	Dept/Unit:
	Email:
	Phone:
Signature:	Signature:

Manager Support: I have discussed this research idea with the team leader. I agree to support them in this project, including facilitating their attendance at various research skills workshops. If this project is funded, I will work with the team and do my best to accommodate requests for scheduled time (funded by the Research Challenge) to work on this project.

Manager's Signature: ______ Date: ______ Print Manager's Name: ______

For information or help completing this form, contact researchtraining@providencehealth.bc.ca.

DEADLINE FOR APPLICATION: February 18, 2025 at 4:00 PM

Email completed forms to Wilma Chang at wchang@providencehealth.bc.ca. Decisions will be announced in early March.

**Agreement between Team Members and Research Challenge Organizing Committee

If you are accepted for participation in the Research Challenge, the Research Challenge organizing team agrees to work with you to select a mentor for your project and provide research skills workshops. **By signing above**, you agree to communicate with the organizing committee any changes to your team or your participation, to complete the on-line Research Challenge evaluation surveys, and to encourage all team members to complete the surveys.