



University of the Philippines Manila
 The Health Sciences Center
COLLEGE OF NURSING
 WHO Collaborating Center for Leadership in Nursing Development
 Sotejo Hall, Pedro Gil, Ermita, Manila
Research and Creative Writing Program
 Telefax: 523-1494



RESEARCH STUDY REGISTRATION FORM

Research Application Reference Number: (to be filled up by RCWP) _____

1. APPLICANT

Your Title: _____

Your Given Name: _____ Signature: _____
(Last name, Given name, M.I)

Your Name as it appears in your publications: _____

Your most advanced academic degree (PhD, MA, MS, etc) _____

Your most reliable email address: _____

2. STUDY PROTOCOL INFORMATION

Study Protocol Title: _____

Short Description of the Research Study: _____

Principal Investigator: <Title, Name, Surname> _____

Co-Investigator/s: <Title, Name, Surname> _____

Co-Investigator/s: <Title, Name, Surname> _____

Study Protocol Submission Date: <dd/mm/yyyy> _____

Research Grant (Funding Agency) _____

Amount: _____

Duration of the Study: _____

Date Study to Start: _____ Actual Date Started: _____

Date Study to End: _____ Actual Date Completed: _____

3. CONTACT PERSON

Primary Contact Person: <Title, Name, Surname> _____

Please check appropriate box

Principal Investigator Co Investigator Other Designation: Specify _____

Contact Information:

Postal Address _____

Landline _____

Mobile _____

Email address _____

4. RESEARCH APPLICATION PURPOSE (Please check appropriate box)

Student Course Requirement : Specify : _____

Faculty Faculty Adviser : _____ Signature: _____

Teaching Credits

For Publication

Others: Please specify _____

5. TECHNICAL REVIEW COMMITTEE APPROVAL _____ YES _____ NO

YES: by whom?: _____
(Pls. Attach proof)

6. ETHICS APPROVAL

YES If Yes, proof of Ethics Approval or waiver: _____

NO If No:

For resubmission pending modification

7. RCWP ACTIONS:

7.1 Students

For registration & documentation

7.2 Faculty Teaching Credits: Approved for:

- Duration of study : _____

- Total credit for study : _____

- Allocation of Teaching credit:

	Units	Date credited	Balance
PI :	_____	_____	_____
Co-I :	_____	_____	_____
Co-I :	_____	_____	_____

Remarks: _____

8. SUBMISSION OF COMPLETED REPORT: _____

9. PUBLICATION: _____ YES: Specify: _____

_____ NO :

10. UPCN _____ **Study Group:** _____ (pls. check)

Name of study group _____

Approved by: _____

RCWP Head

Date: _____

Requirements for Registration

1. Accomplished RCWP Registration Form
2. One copy of complete study protocol with budget
3. One copy of Ethics Approval / waiver
4. One copy of Final report once study is completed
5. If published, 1 copy of published article