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| **Name:** |  | **Date:** |  |
| **Data Requesting and Project Title** | | | |
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| **Aims** | | | |
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| **Research Approach** | | | |
|  | | | |
| **Potential Outcomes** | | | |
|  | | | |
| **Previous Experience with Similar Studies** | | | |
|  | | | |
| **References** | | | |
|  | | | |
| **Supervisor’s approval and signature (if applicable)** | | | |
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Please return the completed form to [research@msaustralia.org.au](mailto:research@msaustralia.org.au).