

 <p>MEDICAL COUNCIL of NEW ZEALAND</p>	<p>Level 13 139 Willis Street PO Box 11649 Wellington 6142 Phone: 0064-4-384 7635 Fax: 0064-4-385 8902 Email: info@mcnz.org.nz</p>
---	--

**Protocol – Medical Council of New Zealand
2000 / 2010 Summer Studentship**

Your name: _____

Supervisor's name, institutional affiliations: _____

Title of the project: _____

What is the project objective? _____

What is the question you want to answer (stated as a hypothesis if you wish)?

Why is this significant? – in terms of medical knowledge, and/or in terms of the Council's aims for the studentship?

What is your general strategy?

- Why have you chosen this method? _____

- What are your specific procedures and tactics? _____

- What kind of information will you collect? _____

-
- From whom? _____

-
- What procedures will you use? _____

-
- Where? _____


-
- What is your timeline for collecting this information? _____

What are the ethical considerations? Is approval by an ethics committee necessary? If so, when will you apply for approval?

How will you analyse the results?

What is your budget? How will you meet these expenses?

What are the criteria for success of your project?

	<p style="text-align: right;"> Level 13 139 Willis Street PO Box 11649 Wellington 6142 Phone: 0064-4-384 7635 Fax: 0064-4-385 8902 </p>
---	--

Information to the Medical Council that a Summer Studentship project has started

This form should be completed and sent to the Medical Council by 27 November 2009

Title of the project: _____

Ethical considerations: cross out those that do not apply

- Ethical approval is not considered necessary.
- Ethical approval is necessary.

Application has been made to _____ ethics committee, and

- has been obtained
- has not yet been obtained (please explain)

The project

- has started
- has not started (please explain)

Signed: _____ Name: _____ (Student)

Signed: _____ Name: _____ (Supervisor)