**Project Summary Form**

**This form is used for recording the details of new Centre Projects for addition to the CPHCE website. Please fill in as much information as possible and send to Janelle Farmer – j.farmer@unsw.edu.au**

**Name of Project:**

**Funding organisation:**

**Person completing this form:**

**Today’s Date: 4/07/2019**

|  |  |
| --- | --- |
| **Project/ RG or PS Number :**  **Stream – Click as many as apply**  Health Care System Integration and Primary Health Care Development  Prevention and Management of Long-Term Conditions  Family and Social Ecology/Equity  Informatics and eHealth  Health Environment  Action for Equity | |
| **Hub: - Click as many as apply**  CHETRE  HERDU  SEaRCH  APICU | |
| **Local Health District –(If applicable - Click as many as apply)**  South Western Sydney  South East Sydney  Central Sydney  Other – Give details:  **Primary Health Network (If applicable – Click as many as apply)**  Central Eastern Sydney  South Western Sydney  Other – Give details: | |
| **Expected Start Date**  4/07/2019 | **Expected Completion Date**  4/07/2019 |
| **Names of Chief investigators and Project Coordinator (list associated organisation)** | **Names of any other team members (list associated organisation)** |
| **Who is the main contact person?**  Name:  Phone:  Email: | |
| **Brief Description of Project (For website blurb) 2-4 lines only** | |
| **Project Rationale** | |
| **Project Aim/s** | |
| **Project Design and Method** | |
| **Any Publications** | |