|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Details** | | | | | | | | | | |
| **Project title** | |  | | | | | | | | |
| **Principal investigator** | |  | | | | | | | | |
| **Unit name** | |  | | | | | | | | |
| **HREC reference** | |  | | | | | | | | |
| **Coordinator Contact Details** | | | | | | | | | | |
| **Name** | |  | | | | | | | | |
| **E-mail:** | |  | | | | | | | | |
| **Work Number:** | |  | | | | | | | | |
| **Feasibility** | | | | | | | | | | |
| **Can the project be adequately integrated with standard of care?** | | | | | | | **YES  NO  N/A  no participants** | | | |
| **What is the recruitment target for this site?** | | | | | | |  | | **N/A  no participants** | |
| **Is the recruitment feasible in the timeframe required?** | | | | | | | **YES  NO  N/A  no participants** | | | |
| **Financial Support** | | | | | | | | | | |
| **How is the project funded?** | | **Research grant  Collaborative group  Investigator led** | | | | | | | | |
| **Does the project have proposed external funding?** | | | | | | | **YES  NO** | | | |
| **Is the proposed funding considered adequate to cover the costs of the research?** | | | | | | | **YES  NO  N/A  (no funding)** | | | |
| **If no, how the gap in funding be covered?** (insert response below) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Cost centre or SPA number** | |  | | | | | | | | |
| **Strategic Benefit** | | | | | | | | | | |
| **The project has strategic benefit for the unit** | | | | | | | **YES  NO** | | | |
| **Attached Documents** | | | | | | | | | | |
| **Research Contract** | | **YES  NO** | | | | | | | | |
| **Executive Director Approval** | | **YES  NO  N/A  (not required in department process)** | | | | | | | | |
| **Signatures from the research unit** | | | | | | | | | | |
| **Principal Investigator** | | | | | | | | | | |
| **Name:** | | | **Signature:** | | | | | | | **Date:** |
| **Division / Departmental Clinical Director\*** | | | | | | | | | | |
| **Name:** | | | **Signature:** | | | | | | | **Date:** |
| **Does the clinical director have any comments?** (insert response below) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Ethics and Governance – Office Use Only** | | | | | | | | | | |
| **Budget Assessment** | | | | | | | | | | |
| **Externally funded** | **Internally funded** | | | | **Unfunded** | | | **Approved** | | **Not approved** |
| **Canberra Health Services Delegate** | | | | | | | | | | |
| **Name:** | | | | **Signature:** | | | | | | **Date:** |
| **Ethics approved** | | | | | | **Site governance approved** | | | | |
| **Research Ethics and Governance Delegate** | | | | | | | | | | |
| **Name:** | | | | **Signature:** | | | | | | **Date:** |

\*Where the PI is also the clinical/unit director please refer through the organisational structure for endorsement

This signed document^ signifies governance approval has been granted to begin the above named research project at ACT Health and Canberra Health Services sites. Must contain all signatures to be valid **Research governance definition:**

‘an institutional framework to effectively oversee and administer research so that its conduct complies with relevant legislation and meets appropriate standards of quality, safety, privacy, risk and financial management’ (NHMRC)

**Aspects of the framework covered in this sheet:**

Resources: human (staff and participants), material (pathology, pharmacy, clinic space, medical imaging etc)

Funding/Budget: pharmaceutical (or other) sponsors, research collaboration, grant funded, unit funded

Compliance: Insurance, Indemnity, legislation, institutional policy, risk management, safety, privacy, ethical acceptability

Quality: knowledge, experience, standards

**What are you agreeing to?**

**Principal Investigator:** interest in the study, feasibility assessment form completed, believe study fits with the unit’s research plan, believe resources (human and material) are available, believe there will be adequate funding (\*budget negotiation will be conducted following initial feasibility assessment)

**Clinical/Unit Director^:** confirm research protocol meets the required quality standard,confirm strategic fit of study for the unit, confirm availability of resources (human and material) for proposed study and fit with unit’s research plan, believe there will be adequate funding (\*budget negotiation will be conducted following initial feasibility assessment)

**Canberra Health Services Delegate:** support recommendation of above signatories; endorse research agreement (including final budget); endorse form of indemnity (where required)

**Research Ethics and Governance Delegate:** confirm appropriate ethical and governance reviews have been completed; confirm legislative/regulatory requirements have been met; confirm insurance coverage has been agreed; confirm CHS delegate endorsement

\*The budget will be considered final upon receipt of a finance summary from the Clinical Trials Unit finance officer, receipt of a Clinical Trial Agreement (CTA) signed by the PI and sponsor. Together these documents will be considered to assess and confirm the proposed budget meets the costs of conducting the trial.

^Where the clinical/unit director is also the proposed PI the proposal must be referred to management through the organisational structure. For example to the Director of Medical Services.