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|  Research Collaboration Agreement Submission Form |
| Section 1 – Agreement details (*to be filled by applicant*)  |
| **This form must accompany any research contract requiring organisational authorisation. The purpose is to provide adequate information for signatories to have a clear understanding of the commitment of South West Healthcare to the contractual agreement. The partially executed draft contract should be submitted with the Site Specific Approval submission.** |
| **Investigator:** |  | **Local Reference:** |  |
| **Study Title:** |  |
| **Start Date:** |  | **End Date:** |  |
| **Purpose and description****(in lay terms)** |  |
| **Parties to the agreement:** | South West Healthcare and  |
| [**Alignment with SWH strategy and business plans**](http://swarh2/swh/documents/swh-2020-2024-strategic-plan) |

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| **Great Healthcare Experiences**  |   |
| **Empowering our people**  |
| **Integrated, High Quality Care**  |
| **Infrastructure that Supports Best Care** |
| **Partnering for Success** |

 |
| **Intellectual property:** |  |
| **Financial arrangements:** |  |
| **Service Involvement:** | **Services involved**  | **Nature of involvement** |
| **Comments:** |  |
| **PI Signature:** |  | **Date:** |  |
| **Department:** |  |
| **Documents Submitted:** |  |
| *Please submit to* *ethics@swh.net.au* *or the Centre for Research Education and Teaching for attention of RGO. Enquiries 0355631633* |
| Section 2 – Ethics (*to be filled by Research Office*) |
| Ethics Review: |  |
| SWH HREC: |  |
| Fee Request: |  |
| Section 3 – Approvals  |
| Name | **Ms Barbara Moll, Manager Education Research and Workforce Development**  |
| Documents for Approval | □ Site Specific Assessment Application □ Research Agreement □ Others, specify:  |
| Comments: |  |
|  Signature: |  | Date: |  |
| Name | Mr Craig Fraser, Chief Executive Officer  |
| Documents for Approval | □ Ethics Approval letter only □ Research Agreement□ Ethics Approval & Site Specific Assessment Authorisation letter□ Site Specific Authorisation letter only□ Others, specify: |
| CEO Comments: |  |
| CEO Signature: |  | Date: |  |

*Please turn over for the Application history.*

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| **Section 4 – Chronology of Events leading to Authorisation of Application at SWH (*to be filled by Research Office*)** |
| **Event**  | **Items** | **Date** |
| **Initial Discussion** |  |  |
| **Submission**  |  |  |
| **Endorsement** |  |  |
| **Approvals** |  |  |
|  |  |
| **Final Notification** | Please return to Research Office at ethics@swh.net.au or 03 55631633 for final notification. |  |