



Research Governance Review Form - Standard

1.0 Project Details – Principal Investigator

| | | |
|-----------------------------------|--|------------------|
| Principal Investigator | | Phone No: |
| Project Title | | |
| HREC Reference Number | | |
| Source/s of Funding | | |
| Expected Commencement Date | | |
| Expected Completion Date | | |

2.0 Governance Review – Research Development and Governance Officer

| Checklist | Review |
|--|---|
| HREA <input type="checkbox"/> LNR <input type="checkbox"/> SSA <input type="checkbox"/> QI/CA <input type="checkbox"/> | |
| Methodology is valid | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Research supervision is suitable | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Multiple concurrent activities on same topic | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Multiple concurrent activities on same population | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Resourcing/funding | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student involvement | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Department Head aware | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Partners/collaborator agreements | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

3.0 Supporting Documents – Research Development and Governance Officer

The application requires supporting documents to be uploaded in ERM, as applicable in the research project.

| Supporting Document | Review |
|---------------------------------|---|
| HREA Form (in ERM) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Protocol or project description | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |



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| | |
|---|---|
| Participant information and consent forms | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Victorian Specific Module (if full HREA) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Investigator CV if relevant | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Correspondence | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Advertising/recruitment material | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Data collection tools e.g. questionnaire | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| CTRA or other Research Agreement | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Insurance and Indemnity | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Other | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

4.0 Supporting Department Endorsement (e.g. Health Records, Pharmacy)

After reading the protocol and discussing the study with the Principal Investigator, I confirm that the < insert supporting department name > is:

- Unable** to conduct the investigations indicated below with the present resources of the department and/or support the conduct of this project for the following reason/s:
- Able** to conduct the investigations indicated below with the present resources of the department and/or support the conduct of this project via in-kind support

Special Conditions

List any special conditions below.

Signatures

Undertaking by Head of Supporting Department:

Signature:

Print Name:

Date:

(Add additional Supporting Department if required)



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Undertaking by Principal Investigator of the project:

I have discussed this project with <insert supporting department head name> and appropriate arrangements have been made for this service/department to assist with this project as outlined above.

Signature:

Print Name:

Date:

Recommendations – Research Development and Governance Officer

| | | |
|--|--|--|
| Proceed to HREC/Authorisation | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Recommend revise proposal or peer review | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Recommend not to proceed | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Research Development and Governance Officer:

Signature:

Print Name:

Date: