

Research Application Form

Name of Applicant:

Project Title:

Name of Organisation:

Principal Investigator (Drs & Allied Health Professionals must be Accredited to SVMPH and Non accredited researches must be accredited by a University):

Principal Investigator:

All other Investigators:

Do all the Investigators have individual professional indemnity to conduct Research?

Is work arising from the project intended to generate commercial value or intellectual property rights? Yes: No: If so please outline:

Fees apply to commercially funded studies (refer to website).

Does the proposed research have HREC approval from St Vincents Health Melbourne? Yes: No:

How is the research funded? Please specify details of funding.

Research Institution Grant	
Commercial Sponsor	

Other (Please specify)	

What action is required by SVMPPH?

Are new / different procedures involved in the research; surgery or treatment?

Yes: No: If so please specify:

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Will SVMPPH staff require training to assist / participate?

Yes: No:

If yes, how will the staff training or staff input be funded?

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Does the research require access to SVMPPH's medical records?

Yes: No:

If so how will this be arranged, and how will this be funded?

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What letterhead will be used on the consent form and the plain language statement?

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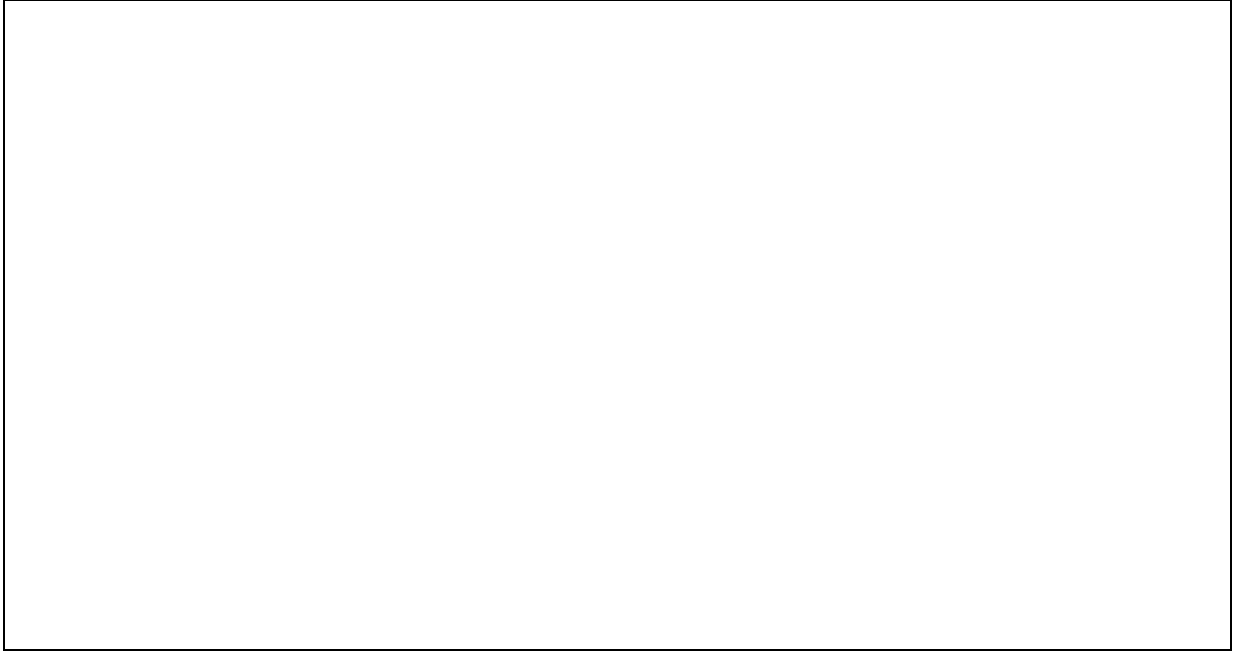
Who will be the contact person for SVMPPH and how will he / she be identified to research participants?

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Will the commercial sponsor indemnify SVMPPH in the terms of the VMIA minimum requirements?

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Please provide a short summary, in plain language, of the proposed research?

A large, empty rectangular box with a thin black border, intended for the user to provide a short summary of their proposed research in plain language.