|  |
| --- |
| Fees are payable in FULL at the time of submitting a Site-Specific Assessment Application for Research Governance Review, or an Ethics Application for review by the Low-Risk Ethics Panel (LREP) or a Quality Assurance or Minimal Risk Research Application for review by the Office for Research.  Payment is per submission. Please see Fee Schedule (v7, Jan 2025) for more information.  If unsure, please contact the Office for Research for clarification to determine whether fees are applicable; Telephone: 03 8395 8072.  Check the tick box indicating the type of fee you are paying and select your method of payment and provide the required payment details.  APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED PAYMENT FORM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | ERM ID Reference No. Compulsory Field: | | Protocol No. Where applicable | |
| Select date | Enter Ethics Reference | | Enter Protocol No. | |
| Item submitted – select one of the options below | | | | |
| New Research Project Submission/Site-Specific Assessment Governance Application; OR  Post Approval Amendment. Amendment type and date: Enter details | | | | |
| Company: | | Company ABN (if not WH): | | Contact Name (for invoice): |
| Enter text | | Enter text | | Enter text |
| Company Address (if company is not WH) If WH what state campus location for contact name above): | | | | |
| Enter text | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ETHICS AND GOVERNANCE SUBMISSION SERVICE (EGSS)∞**  ∞ Please review the fee schedule for explanation of this service | **Unit Value ($)** | **GST ($)** | **Total ($)** |
| Commercially Sponsored project | 1800 | 180 | 1980 |
| Investigator Initiated/ Collaborative Group/ Grant Funded | 900 | 90 | 990 |
| **COMMERCIALLY SPONSORED RESEARCH PROJECTS** | **Unit Value ($)** | **GST ($)** | **Total ($)** |
| **Initial Submissions** | | | |
| New Research Project Application | 6500 | 650 | 7150 |
| New Research Project Application Expedited Review (3 working days) | 8500 | 850 | 9350 |
| New Research Project Application – WH is lead site under NMA process | 3300 | 330 | 3630 |
| Registries/Observational study | 3300 | 330 | 3630 |
| Sub-Study | 2700 | 270 | 2970 |
| **Post Authorisation Amendments** | | | |
| Protocol Amendment | 770 | 77 | 847 |
| Investigator Brochure Amendment / Administrative Changes | 240 | 24 | 264 |
| **INVESTIGATOR- INITIATED/ COLLABORATIVE GROUP, NO COMMERCIAL INVOLVEMENT** | | | |
| Investigator Initiated – Western Health | 200 | 20 | 220 |
| Investigator Initiated – External institution | 300 | 30 | 330 |
| Collaborative Group/Health Department Initiated | 600 | 60 | 660 |
| **Post Approval Amendments** | | | |
| External Institution & Collaborative / Health Department – Major Amendment | 100 | 10 | 110 |
| **QUALITY ASSURANCE (QA), MINIMAL RISK (MRR) AND LOW RISK (LR) RESEARCH PROJECTS** | | | |
| QA/MRR submission (Initiated by WH, external, collaborative/commercial) | 100 | 10 | 110 |
| LR Initiated by Western Health | 200 | 20 | 220 |
| LR Initiated by External Institution | 300 | 30 | 330 |
| LR Initiated by Collaborative Group | 400 | 40 | 440 |
| WH providing Ethical Review on behalf of an external institution | 500 | 50 | 550 |
| Initiated by Commercial Sponsor | 1200 | 120 | 1320 |
| **Post Approval Amendments** | | | |
| Initiated by External institution/Collaboration Group – Major Amendment | 100 | 10 | 110 |
| Western Health has provided Ethical Approval on behalf of an external institution – Major Amendment | 100 | 10 | 110 |
| Initiated by Commercial Sponsor – Major Amendment | 200 | 20 | 220 |
| **Total Amount Payable** | | | **$** Enter amount |

**PAYMENT METHODS**

**Complete 1 of the 3 payment options:**

**Credit Card, Electronic Funds Transfer (EFT) or Internal Funds Transfer (IFT)**

|  |  |
| --- | --- |
|  | **CREDIT CARD** |
| 1. To make a payment via WH Web Banking Services click on the link on our website [here](http://www.westernhealth.org.au/EducationandResearch/Research/General%20Information/Pages/Research-Governance-Fees.aspx) then follow the next steps. 2. Save a copy of the payment receipt/remittance advice or (take a screenshot of it) and then upload a signed copy of this GST Compliant Tax Invoice along with the remittance advice/ receipt to the application on Ethics Review Manager (ERM) before you submit it on ERM. 3. Date of Payment: Select date 4. Remittance Advice Details/ Receipt Number: Enter receipt number/remittance details 5. PLEASE NOTE: The processing of the application will be delayed, and the application may even be rejected if the remittance/receipt and a completed GST Compliant Tax invoice is not included with the initial ERM submission. | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ELECTRONIC FUNDS TRANSFER (EFT)** | | |
| 1. You MUST state ETHICS and the [ERM ID reference] e.g ETHICS-ERM12345 as part of the payment/transaction description for all ethics and governance fees paid via EFT to the Payee (WH Operating).  2. Send a copy of the Remittance Advice (RA) and the Compliant Tax Invoice to [wh-financedirectdeposits@mh.org.au](mailto:wh-financedirectdeposits@mh.org.au) when the payment is made.  3. Copies of the Remittance Advice and the Compliant Tax Invoice must also be included with the initial submission and uploaded to the ERM application submission.  4. PLEASE NOTE: The processing of the application will be delayed, or the application may even be rejected if the remittance advice and a completed GST Compliant Tax invoice is not included with the initial ERM submission. | | | |
| **Western Health Banking Details** | | **Date of Transaction** | **Remittance Advice attached** |
| Name: WH Operating  Bank: National Australian Bank  BSB No: 083170  A/C No: 123660703  Branch: 288 Lygon Street Carlton VIC 3053  Swift Code: NATAAU3303M | | Select date | Yes |
| **Transaction Decription Details** | |
| Ensure remittance references ERM ID number | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **INTERNAL FUNDSTRANSFER (IFT)** | | | | |
| Please ensure you state the full cost centre number and cost centre name.  This section must be signed by the Cost Centre Manager  WHEN PAYING VIA INTERNAL FUNDS TRANSFER **PLEASE PAY THE AMOUNT EXCLUDING GST**  A signed copy of this GST Compliant Tax Invoice must be uploaded to the ERM Application before you submit it.  **PLEASE NOTE:** If it is not included with the submission, the processing of the application will be delayed or the application may even be rejected. | | | | | |
| Principal Investigator Name: | | Entity | Cost Centre Number\* | | Cost Centre Name: |
| Enter text | | **WWH:** | Enter number | | Enter text |
| Cost Centre Manager (PRINT NAME): | | | | Cost Centre Manager Signature: | |
| Enter text | | | |  | |

The Cost Centre Number must have one letter followed by four numerals. E.g. Y1234 or P1122. Please check that you have used the correct format, and confirmed it is correct with your Cost Centre Manager before submission.

Finance Service Use Only

|  |  |  |
| --- | --- | --- |
| Cost Centre | AC | Tax Code |
| WWH-Y7590 | 58104 | G1 |
| Receipt Number | Date |  |
| Enter text | Select date |  |