**Western Health Governance Cover Letter and Checklist**

The site Principal Investigator should submit this Cover Letter & Checklist with the completed research governance/Site Specific Assessment (SSA) application to the WH Office for Research (OfR).

**Date:** Select date

Dear WH Office for Research,

**ERM ID Reference:** E.g. 41234

**HREC Reference Number (if known):** E.g. HREC/18/ABC/123; HREC/41234/ABC-2018

**Project title**: Enter title

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant | | Sponsor | |
| Contact Person: | Enter text | **Sponsor Name:** | Enter text |
| Position: | Enter text | **Contact person:** | Enter text |
| Email: | Enter text | **Address:** | Enter text |
| Phone: | Enter text | **Email:** | Enter text |
|  |  | **Phone:** | Enter text |

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| Relevant Information for the WH OfR |
| 1. Name of Reviewing Human Research Ethics Committee: Enter text |
| 1. Name of Principal Investigator at WH Site: Enter text |
| 1. Study Type: Choose an item. |
| 1. WH sites this SSA application applies to (check all boxes that apply):   Sunshine Hospital  Footscray Hospital  Williamstown Hospital  Sunbury Day Hospital ☐ Drug Health Services  Melton Health/Community Services  Sunshine Radiation Therapy Centre Bacchus Marsh Hospital/Community Health Centre  Caroline Springs Community Health Centre  Grant Lodge Residential Age Care |
| 1. Approximate number of patients being recruited at WH Sites: Enter number |
| 1. Funding type:   Commercial  Collaborative Group Sponsored  External Grants  Internal Funding  Other: Please specify: Enter text |
| 1. Budget/Funding amount at WH Site (if funded): Enter Amount |
| 1. Are you using any unapproved drugs or devices?  Yes  No – Please go to Q9 |
| * 1. If yes, please attach eCTN/eCTX print preview in landscape format:   Attached  Not attached - Please explain why this has not been provided: Enter text |
| 1. Anticipated duration of study: Enter number Months |
| 1. Will or have you engaged/involved Consumers in the study? This question is only applicable for clinical trials, clinical and health research.   Yes - Please provide more details in Q11  No - Please provide explanations in Q11  Not Applicable |
| 1. Please provide any additional relevant information to the WH OfR: |
| Enter text |

Yours sincerely,

Name

Position