**STATEMENT OF APPROVAL FORM**

*If the project is to be undertaken in the same department at more than one site, complete a separate form for relevant departments at each site.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Department:** | | Insert Service Department name | | |
| **Project No:** | Insert ID reference | | **Expected Commencement Date:** | Select date |

**Short title of project:**

|  |  |
| --- | --- |
| Insert project title | |
| **P****rincipal Researcher:** | Insert PI Name |

I have discussed this study with the Principal Researcher having seen the application and protocol and I am:

|  |  |
| --- | --- |
|  | Able to do the investigations indicated with the present resources of the  Insert Service Department name \* Department and/or support the conduct of this project. |
|  | Unable to do the investigations within the present resources of the Department but would be willing to undertake them with financial assistance for:  Staff Equipment  Maintenance Other (Please specify below) |

Comment (Please specify nature of assistance and estimated costs):

|  |  |  |
| --- | --- | --- |
| Enter text | | |
| Service Department Cost Centre to be Credited: | | Enter cost centre code |
| Charges - select one option only | 1. Charge to Western Health cost centre Enter code *or* 2. Provide Billing details below   Contact name: Enter text  Company name: Enter text  Billing address : Enter text | |

I am unable to undertake the investigations on the following grounds:

|  |
| --- |
| Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| [Insert Name of Department Head signatory e.g. Dr John Smith] Signature (Head of Department) |  | Date: |  |

*(****Note:*** *If an Investigator is also the Head of Department, sign off should be obtained from the next line of reporting e.g. Divisional Director/Clinical Director)*

*I have discussed this project with* Name of Head of Service Department signatory**,**Insert Service Department name *and appropriate arrangements have been made for this service/department to assist with this project as outlined above.*

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name  Signature (Principal Investigator) |  | Date: |  |