1. **Indicate the sites[[1]](#footnote-1) from which research participants will be recruited:**

|  |  |  |
| --- | --- | --- |
| **Site** | **Department** | **Number of Participants** |
| Footscray Hospital | Enter Department Name | Enter Number |
| Sunshine Hospital | Enter Department Name | Enter Number |
| Williamstown Hospital | Enter Department Name | Enter Number |
| Sunbury Day Hospital | Enter Department Name | Enter Number |
| Drug and Alcohol Services | Enter Department Name | Enter Number |
| Hazeldean Transition Care | Enter Department Name | Enter Number |
| Reg Geary House | Enter Department Name | Enter Number |
| Bacchus Marsh and Melton Regional Hospital | Enter Department Name | Enter Number |
| Melton Health & Community Services | Enter Department Name | Enter Number |
| Bacchus Marsh Community Health Centre | Enter Department Name | Enter Number |
| Melton Health | Enter Department Name | Enter Number |
| Grant Lodge Residential Aged Care | Enter Department Name | Enter Number |

1. **Hospital/network services required for this research project:**

Indicate (please tick) which hospital services will be required (**including host department**) to undertake this research:

|  |  |
| --- | --- |
| **Emergency, Medicine and Cancer Services** | **Perioperative and Critical Care Services** |
| Acute Ambulatory Care | Anaesthetics and Pain Management |
| Addiction Medicine | Cardiology |
| Dermatology | Central Sterilising Services |
| Endocrinology & Diabetes | Elective Booking Service |
| Emergency Medicine | Facio-Maxillary Surgery |
| Gastroenterology | General and Breast Surgery |
| General Medicine | General and Colorectal Surgery |
| Haematology | General and Endocrine Surgery |
| Hospital In The Home | General and Upper Gastrointestinal Surgery |
| Immunology | Intensive Care Services |
| Infectious Diseases | Neurosurgery |
| Medical Oncology | Ophthalmology |
| Medical Staff | Orthopaedic Surgery |
| Nephrology | Otolaryngology, Head, Neck Surgery |
| Neurology | Paediatric Surgery |
| Renal Dialysis | Plastic, Reconstructive and Facio Maxillary Surgery |
| Respiratory and Sleep Disorders | Thoracic Surgery |
| Rheumatology | Urology Surgery |
| Palliative Care | Vascular Surgery |
| Stroke Service | **Subacute & Aged Care Services** |
| **Clinical Support and Specialist Clinic Services** | Acute Aged Care |
| Bone Density Unit | Cardio-geriatric Service |
| Health Information Services/Medical Records | Dementia Management Unit |
| Interventional Radiology | Geriatric Evaluation and Management |
| Medicine Imaging | Inpatient Rehabilitation |
| Nursing Services | Transition Care Program |
| Pathology | Ortho-Geriatric Service |
| Performance Unit | Palliative Care (Inpatient) |
| Pharmacy | Subacute and Non acute Access and Pathways |
| Specialist Clinics (Adult) | Wellcare Program |
| **Allied Health** | **Women’s and Children’s Services** |
| Audiology | Gynaecology |
| Exercise Physiology | Obstetric Services |
| Language Services | Maternal Fetal Medicine |
| Neuropsychology | Special Care Nursery |
| Nutrition and Dietetics | Paediatric Medicine |
| Occupational Therapy | **Drug Health Services** |
| Pastoral Care | Adolescent Community Programs |
| Physiotherapy | Adult Specialist Services |
| Podiatry | Community Residential Drug Withdrawal Units |
| Psychology | Dual Diagnosis Residential Rehabilitation Centre |
| Social Work | Nurse Practitioner Clinics |
| Speech Pathology | Psychology Clinics |
| **Community Services** | Women’s Therapeutic Day Rehabilitation Program |
| Aboriginal Health, Policy & Planning | **Other** |
| ACE (Advice, Coordination and Expertise) | Enter text |
| Aged Care Assessment Service | Enter text |
| Central Access Unit (CAU) | Enter text |
| Children’s Allied Health Service | Enter text |
| Community Based Rehabilitation | Enter text |
| Community Transition Care Program | Enter text |
| Falls & Fracture Clinic | Enter text |
| GP Integration Unit | Enter text |
| Health Independence Programs Community Services | Enter text |
| Hospital Admission Risk Program | Enter text |
| Subacute Ambulatory Care Services | Enter text |

1. **Statement of Approval forms**

* For each department ticked above, a separate Statement of Approval Form must be completed for every Service/Host Department involved in this research project. The Service Department Head and the Principal Researcher must sign each form.
* Requirements for research projects should be discussed with service/department heads as required. Researchers must provide a copy of each signed and completed form to the relevant service/department for their records.
* The above requirements also apply to research projects that are engaging Service Departments for procedures considered “Standard of Care”.
* Medical Records/Health Info Services (HIS); Statement of Approval Form for HIS is only required if Physical Records are being retrieved. If researchers are collecting information from BOSSNET (electronic records) only, then a Statement of Approval is not required except when researchers are collecting patient data prior to 24 November 2011
* Medical Imaging & Pathology; please review additional information and requirements on the website as they require separate forms.

**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 |

**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: |  |

**PRINCIPAL INVESTIGATOR DECLARATION**

### Full project title

|  |
| --- |
| Insert Project Title |

I confirm that this project does not require any other Western Health resources/services/departments not already declared on this form. If there are any amendments to the protocol that may impact any new or existing Western Health services, I will ensure that I will discuss them with the departments involved and complete a Statement of Approval to forward onto the Office for Research for acknowledgment.

Principal Investigator Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: [PI Name] Date

1. Sites where the Low Risk Ethics Committee will be responsible for the research participants [↑](#footnote-ref-1)