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| **Access Request Form – Mid North Coast Local Health District (MNCLHD)** |
| **Project information** |
| **Ethics application ID:** |       |
| **Name of HREC who provided approval for the research project:** |       |
| **Project title:** |       |
| **Study Sponsor:** |       |
| **Date Project Approved by HREC:** |       |
| **Contact details for the Coordinating Principal Investigator**  |
| **Name:** |       | **Telephone/Mobile:** |       |
| **Organisation:** |       |
| **Email:**  |       | **Address:** |       |
| **Details of Access Request** |
| **List the facility or service/s included in this request:** |       |
| **Summarise what is being requested from the MNCLHD** (This summary should include information about what is being asked of the LHD, i.e. requesting staff to participate in interview/focus groups. Include detail on who the target population, and how this research will be undertaken, i.e. Face to Face/online etc.) |
|       |
| **What is the purpose of the request?** |
|       |
| **Describe what the proposed process for accessing requested resources/services** (How do you propose the LHD actions your request? E.g. Nursing Unit Manager (NUM) to display recruitment poster in waiting room, or distribute email to eligible staff etc.)  |
|       |
| **Head of Department Support (if you are seeking access to more than one facility, you will require multiple HoD support)** |
| **Head of Department:**  | [ ]  **Supported** [ ]  **Not Supported** |
| **Name:**       | **Position:**       |
| **Facility/Service that support is being provided for:** |       |
| **Signature:**       | **Date Supported:**       |
| **Nominated contact person for site:** |       |
| **Additional HoD Support (if more than one facility/service) – Delete if not required** |
| **Head of Department:**  | [ ]  **Supported** [ ]  **Not Supported** |
| **Name:**       | **Position:**       |
| **Facility/Service that support is being provided for:** |       |
| **Nominated contact person for site:** |       |
| **Signature:**       | **Date Supported:**       |

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| **Official Use – MNCLHD Research Office Use ONLY** |
| MNCLHD Access Request Ref Number:       | Date AR Received:       |
| **Declaration by Research Governance Officer (or other authorised person):** |
| *The above project has been reviewed and has been granted site authorization, as described above.*  |
| **Name:**  | Colleen Nosworthy, Research Governance Officer – MNCLHD  |
| **Signature:** |       | **Date Authorised:** |       |
| **CPI Notified:**  | [ ]  **Yes** [ ]  **No** | **Date CPI notified:** |       |
| **Conditions of Approval (if any):**      |