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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.) | | | |
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| **What is the purpose of the request?** | | | |
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| **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.) | | | |
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| **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):** | | | |