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| **Quality Assurance (QA) Head of Department  Approval and Declaration Form** |

### Section A: To be completed by Principal Investigator/Lead

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| Short Project Title: |  | | | |
| Principal Investigator: |  | | | |
| Brief description of the aim of the study: | | |  | |
| Estimated duration of the project: | | |  | |
| Note: this QA activity, which is exempted from ethics committee review, must still comply with the *National Statement on Ethical Conduct in Human Research* and *The Australian Code for Responsible Conduct of Research*.  As Principal Investigator I confirm that to the best of my knowledge, and based on the information provided in the QA application, this project meets the criteria for a quality assurance activity. | | | | |
| Name: | | Signature: | | Date: |

### Section B: To be completed by HOD(s)

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| C:\Users\kresoa\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\73C6BP9J\attention-307030_640[1].png | Note: this QA activity, which is exempt from ethics committee review, must still comply with the *National Statement on Ethical Conduct in Human Research* and *The Australian Code for Responsible Conduct of Research*. |

**Declaration**

I certify that I have reviewed and discussed the study protocol and applicable project documentation *with the principal researcher or their delegate* and:

* The protocol and aims are acceptable I support the project going forward;
* I have reviewed the budget for the project and confirm that this is appropriate;
* I certify that this research can be conducted under the auspices of the RMH utilising the resources outlined in the protocol;
* All investigators/students involved in this project at the RMH have the skills, training, and experience necessary to undertake their respective roles; and
* I have reviewed the Statements of Approval and am satisfied that all relevant departments who may be impacted by this project have been appropriately consulted.

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| **Head of Department 1\*** | **Head of Department 2\*** |
| Department: | Department: |
| HOD Name: | HOD Name: |
| Designation: | Designation: |
| Signature: | Signature: |
| Date: | Date: |

*\*Where the RMH study researchers are from more than one department, each HOD must sign this form. Insert or delete HOD signature panels as required.*

*\** *Divisional Director**to sign where the HOD is a team member on the application.*

**Submit this form with the entire QA application to the Office for Research**