**Research Governance Office**

**Site Specific Assessment information required**

**Please complete this form and upload to ERM with your project documents**

|  |  |
| --- | --- |
| **Project details** | |
| Project Title: |  |
| RGO Review prepared, date |  |
| ERM Project ID Number |  |
| ERM Ref: |  |
| Date submitted: |  |
| Type of Study: |  |
| HREC name and date: |  |
| CPI name and organisation |  |
| Victorian Specific Module complete |  |
| Waiver of consent |  |
| Brief lay description of the project: | |
| Project purpose: | |
| Anticipated timeline: |  |
| **Funding** | |
| Type: |  |
| AUD total funding for project: |  |
| Funding management contact: |  |
| Funding AUD per participant/year: |  |
| Total funding for this site: AUD |  |
| Sponsor: |  |
| **Organisational information** | |
| BH PI: |  |
| BH PI Dept: |  |
| BH AI/s: |  |
| Time commitment above routine: |  |
| BH contact person: |  |
| List approvals received and signed by heads of department and supporting departments |  |
| Site impact:  This covers the outcome impact, training and time requirement above routine, plus funding to cover the costs. Signed off by relevant Head of department/Director |  |
| Data source: |  |
| Retention of information: |  |
| Disposal: |  |
| Security: |  |
| Contract/agreement required: |  |
| Conditions of supporting departments to be met in CTRA |  |
| Indemnity form required: |  |
| Insurance and expiry date: |  |
| CTN (clinical trial registry, entered): |  |
| **Operational impact** | |
| Training required on site: |  |
| Staff who require training: |  |
| Training provided by and how: |  |
| Duration of training: |  |
| Target number of participants: |  |
| Operational time for each stakeholder per participant: | |
| Recruitment procedure: | |