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| First Name: | Last Name: |
| Title: | Medical/Professional Registration Number: |

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| Present Position: | | | | |
| Status at Epworth (tick one):  Employee  Visiting Medical Officer  External Research Student  External Researcher Contractor  None of the Above (state relationship to Epworth): | | Epworth Hospitals at which you are appointed: | | |
| Brighton  Camberwell  ☐ Eastern  ☐ Freemasons | | Geelong  Hawthorn  Richmond  Other (please specify): |
| Epworth Clinical Institute/Department/Research Centre: | | | | |
| Professional Mailing Address: | | Study Site Address: | | |
| Phone: | Fax: | | Email: | |

**Brief description of your intended scope of research at Epworth**

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| Is it your intent to conduct clinical trials at Epworth?  ☐ Yes ☐ No  If yes, do you intend to conduct clinical trials involving the use of unapproved therapeutic goods (i.e. CTN/CTX trials)  ☐ Yes ☐ No  Please provide further details about the type of research you intend to be involved in and areas of interest: |

**do you have professional Indemnity Insurance that includes the conduct of research?**

(At Least One Field Must Be Completed)

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| ☐ Yes, I am an accredited Epworth VMO and have current medical indemnity insurance in place that covers my proposed research activities. |
| ☐ Yes, I am an accredited allied health professional and have appropriate professional indemnity insurance in place that covers my proposed research activities |
| ☐ Yes, I am a student and have appropriate professional indemnity insurance covered by my academic institution |
| ☐ Yes, I am an external contractor and have appropriate professional indemnity cover. |
| ☐ Not Applicable, I am an Epworth employee. |

**Current or prospective conflicts of interest**

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**Agreement/undertakings**

* I agree to undertake any mandatory training or orientation as necessary.
* I agree to familiarise myself with relevant Epworth HealthCare policies and procedures and to abide by them.
* I agree to abide by Epworth HealthCare, state and national confidentiality and privacy laws and policies.
* I agree to conduct research at Epworth HealthCare in accordance with the relevant state and federal guidelines such as the National Statement for Ethical Conduct of Human Research and the Australian Code for the Responsible Conduct of Research.
* I agree to promptly notify the Research Development and Governance Unit of any adverse research incidence I am involved in or become aware of.
* I agree to work within my defined research and clinical scope.
* I acknowledge that researcher registration is valid for a period of 3 years and a failure to renew registration in a timely manner may result in a cessation of any associated research projects.

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| Printed Name: | |
| Signature: | Date: |

**Required Documentation**

Please include the following documents in your submission. Incomplete submissions may result in delays to your registration.

* **Epworth researcher CV (SIGNED AND DATED).** Please note this will be uploaded and securely stored in SiteDocs, an online cloud based system.
* **ICH – GCP training certificate**

*\*Evidence of GCP training being undertaken in the past 3 years is mandatory for all researchers*

* **Completed and signed External Researcher Agreement**

*\*Only required for external research contractors and students*

* **Completed and signed VMO Researcher Agreement**

*\*Only required for VMOs who are acting as PI on a study in which Epworth is signing off as the institution in the research agreement*

*Email the completed and signed application form along with any required documentation to* [*research@epworth.org.au*](mailto:research@epworth.org.au)