# External Research Student or Contractor Agreement

**To: Epworth Foundation trading as Epworth HealthCare (Epworth)**

**Re:** <Project title and Epworth ID> (Research Project)

1. In consideration of Epworth agreeing to allow me to engage in the Research Project and observe practice and/or gain experience at Epworth, I acknowledge that:
   1. I am not permitted to undertake any kind of clinical practice or procedure at EPWORTH beyond the scope of the named Research Project.
   2. I am not permitted to disclose to any person, other than a person approved by the Chief Executive of Epworth (or his or her nominee), or otherwise as required by law, whether directly or indirectly, any information acquired by me about any patient or staff by reason of my undertaking the Research Project at EPWORTH; and
   3. I am subject to the by-laws, rules and regulations of EPWORTH whilst on EPWORTH premises and that I must comply with all directions from EPWORTH officers.
2. I warrant that:
   1. <Principal Investigator / responsible Epworth supervisor> will be directly responsible for my conduct whilst I am undertaking the Research Project at EPWORTH;
   2. I have satisfactorily undergone researcher registration as per the Epworth researcher credentialing protocol;
   3. I have and will maintain professional or medical indemnity insurance either personally or via my institution to cover the Research Project at EPWORTH; and
   4. I have been subject to a satisfactory police check (and the outcome made available to EPWORTH, if required).

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| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Signature | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Signature of Epworth Supervisor |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Date | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Date |