

Ramsay Health Care SSA Declaration by Site Principal Investigator

To be completed by Site Principal investigator and uploaded to REGGS as an addendum by National Research Unit.

Application ID:

Project Title:

Ramsay Health Care Site:

G1.1 Is there any affiliation, financial interest or other conflict of interest that the investigators, their family members or the facility may have in the conduct of this research project or its outcomes?

☐ Yes ☐ No (select)

If yes, please indicate all that apply:

- ☐ Board Appointment
- ☐ Bonus Payment
- ☐ Conference and Travel Payment
- ☐ Consultancy
- ☐ Direct Payment
- ☐ Equipment
- ☐ Patent
- ☐ Recruitment Incentive
- ☐ Shares / Options
- ☐ Other

G2 Declaration by the Principal Investigator Responsible for the site

By returning this form, I confirm that:

1. the information provided is truthful and accurate to the best of my knowledge and belief and I take full responsibility for this project at this site;
2. all members of the research team at this site have the appropriate qualifications, training, experience and facilities to conduct the research as set out in this application and to deal with any contingencies related to the research that may arise;
3. I will ensure all team members receive any additional relevant training as required;
4. I will not start this research project at this site until I have received confirmation of site authorisation in writing from the Research Governance Office and, that this will not be before evidence is received by them (provided by me) of ethics approval by an appropriate Human Research Ethics Committee (HREC);
5. I accept responsibility for the conduct of this research project at this site according to the principles of the NHMRC National Statement on the Ethical Conduct in Human Research (as amended) and the Australian Code for the Responsible Conduct of Research (as amended) and, where applicable, Note for Guidance on Good Clinical Practice. If I am unable to continue as PI at this site, I will notify the National Research Unit of my proposed replacement.

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6. If authorised to undertake this project at _____ (this site).
 - a. I will inform the Research Governance Office of any changes to the research project (including staff/researcher changes) and receive approval for these changes prior to implementation at this site.
 - b. I will notify the Research Governance Office of any adverse events arising from this research project in accordance with Ramsay Health Care policies.
 - c. I will inform the Research Governance Office if the research project ceases before the expected date.
 - d. I will discontinue the research at this site if the HREC withdraws ethical approval and notify the Research Governance Office immediately of this withdrawal.
 - e. I will adhere to the conditions of authorisation stipulated by the authorising authority at this site including any monitoring/reporting requirements.
 - f. I will discontinue the research at this site if the authorising authority withdraws authorisation.
7. I understand and agree that project files and documents and research records and data may be subject to inspection by delegates of the authorising authority at this site (generally the Research Governance Officer) for audit and monitoring purposes.
8. I understand that personal information relating me as Principal Investigator and the other members of the research team contained in this form will be collected, held and used by Ramsay Health Care in accordance with the Ramsay Health Care Australia Privacy Policy.

Signed: _____

Name of Principal Investigator:

Date: