Project Details Schedule to the Collaborative Research Agreement Barwon Health/ Deakin University

1. All projects involving both Barwon Health and Deakin University involve the Collaborative Research Agreement unless otherwise stated.
2. The researcher creates a protocol or study outline that includes:

* Study title: list of investigators and participating institutions
* Research plan & design including aims, objectives , data sources etc
* Dates of study
* Statistical Analyses
* Confidentiality and Privacy
* Data Storage/Record Retention

1. The researcher is advised to commence the contract under advice from Deakin University
2. Terms

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| **Research Project Name** | ***Title of the study*** |
| **Funding Body** | *List the title of the body/ies in full* |
| **Project Agreement** | *Is there any other agreement that may have an effect on this current agreement?* |
| **Provisions of the Project Agreement** | *Give consideration to issues such as access to premises, use of facilities, use of logos or promotional materials, publications* |
| **Project Term: dates** | *Expected start and finish date* |
| **Payment Provisions** | *Describe the structure of any payments such as amount, any conditions, when , the payer, the payee* |
| **Interest Bearing Account** | *Give the account number of any account that is storing the funds and gaining interest* |
| **Contributions to be made by Deakin /Barwon Health** | *Any resources that either site contributes such as laboratory time, recruiting participants etc* |
| **Intellectual Property** |  |
| **Special Conditions** |  |
| **Signatures** | *Researchers may not sign this agreement.*  *The CEO delegate for Barwon Health is from the executive* |

**Project Details Schedule**

This Project Details Schedule is agreed by the parties in relation to the below named Research Project pursuant to a Collaborative Framework Agreement dated 11 October 2012 executed by Deakin University and Barwon Health. This Project Details Schedule and the terms and conditions of that Collaborative Framework Agreement form the parties’ agreement with respect to their respective rights and obligations regarding the conduct of the Research Project.

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| **Research Project Name** | Click here to enter text. |

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| **Funding Body** | Click here to enter text. |

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| **Project Agreement** |  |
| The following provisions of the Project Agreement apply to the Research Project: | Click here to enter text. |

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| **Project Term** | |
| Commencement Date | Click here to enter text. |
| Completion Date | Click here to enter text. |

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| --- | --- | --- | --- |
| **Payment Provisions** |  | | |
| **Paid By** | **Paid to** | **Amount (ex GST)** | **Due Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Interest Bearing Account** | Click here to enter text. |

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| **Contributions to be made by Deakin** | *[insert details* **OR** if contributions fall within Project Agreement insert *Not applicable* ] |
| Key Personnel | Click here to enter text. |
| Staff | Click here to enter text. |
| Materials | Click here to enter text. |
| Facilities and Infrastructure | Click here to enter text. |
| Other *(Insert details*) | Click here to enter text. |

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| **Contributions to be made by Barwon Health** | [*insert details* **OR** if contributions fall within Project Agreement insert *Not applicable* ] |
| Key Personnel | Click here to enter text. |
| Staff | Click here to enter text. |
| Materials | Click here to enter text. |
| Facilities and Infrastructure | Click here to enter text. |
| Other *(Insert details*) | Click here to enter text. |

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| **Intellectual Property** | | | | | | |
| Background Intellectual Property | | Click here to enter text. | | | | |
| Project Intellectual Property | | **Ownership** | | | **Licensing** | |
| Click here to enter text. | | | Click here to enter text. | |
| **Commercialisation** | | | Click here to enter text. | |
| **Special Conditions** | Click here to enter text. | | | | | |
| **Signed** for and on behalf of **Deakin University** by its duly authorised officer in the presence of:    Signature of witness  Click here to enter text.    Name of witness (please print) | | | )  ) | Signature of authorised officer  Click here to enter text.    Name of authorised officer (please print)    Office held  Date: Click here to enter text. | |

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| **Signed** for and on behalf of **Barwon Health** by its duly authorised officer in the presence of:    Signature of witness  Click here to enter text.    Name of witness (please print) | )  )  ) | Signature of authorised officer  Click here to enter text.    Name of authorised officer (please print)    Office held  Date: Click here to enter text. |