**Visiting Researcher Application Form**

All researchers whether employed by Barwon Health or externally are required to be registered and pre-screened by the Research Development Unit (RDU) to undertake research activities at Barwon Health (BH).

This form is for researchers who are not employed by Barwon Health and need to come on-site and/or need access to Barwon Health held data for research purposes (not for use with students - Students – Please complete a [Student Placement Agreement and Induction](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.barwonhealth.org.au%2Fresearch%2Fimages%2FStudent_Research_Placement_Agreement__Standardised_Induction_Protocol_25_-_v3.0_Oct_2023.docx&wdOrigin=BROWSELINK)).

Please do not commence research activities until BH’s RDU gives approval for your registration and the project has BH HREC approval and Site Governance RGO authorisation.

|  |  |
| --- | --- |
| Full name |  |
| **Telephone number** |  |
| Email address |  |
| Organisation where the Visiting Researcher is Employed |  |
| Proposed Commencement Date*Approval is valid for up to three years from this date subject to ongoing employment with Organisation* |  |
| Expiry date: RDU Use | *RDU Use Only / /*  |
|  |
| Description of  |  |
| Description of the duties the researcher will be performing in the research (**Approved Purpose**)Please include study reference/s, if known*NB: This cannot include any clinical duties under this arrangement. For clinical duties please email ACCTC@barwonhealth.org.au* | *Please include your area and research group* |

Documents needed for Visting Researcher Registration at Barwon Health:

|  | Included with this form | Supplied with current ERM submission | Not applicable |
| --- | --- | --- | --- |
| Curriculum Vitae  |[ ] [ ]   |
| Good Clinical Practices (GCP) |[ ] [ ] [ ]
| Police check dated within the last 12 months |[ ]   |  |
| Current Working with Children Check, if program has face-to-face, physical, written, oral or electronic contact with young people aged under 18 years. |[ ]   |[ ]
| Medicare Immunisation Certificate showing mandatory three Covid Vaccines and a current year Flu Vaccination by year |[ ]   |  |

1. **Who is the Barwon Health Principal Investigator supervising the Researcher?**

|  |  |
| --- | --- |
| Full name |  |
| Email address |  |

1. **Please list the access that required for the Visiting Researcher. (e.g. Access to which buildings and locations, any IT systems)**

|  |
| --- |
|  |

1. Declaration and Confidentiality Undertaking of Researcher

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [individual’s name], of [Organisation] in relation to information, materials, equipment and/or facilities (collectively called **Information**) owned or controlled by Barwon Health which I receive or have access to undertake as follows:

1. I have been given access to the Information for the sole purpose of undertaking the **Approved Purpose**.
2. I will, at all times, only collect, use and disclose information: in accordance with the relevant legislation and Barwon Health policies, procedures and guidelines; and to the extent that it is necessary to fulfil the functions of the Approved Purpose with Barwon Health.
3. I will not access information unless it is required to fulfil the functions of the Approved Purpose with Barwon Health – this includes not accessing information about other staff members, myself or family members.
4. I will not discuss patient details or information in places where it may be overheard by unauthorised persons.
5. I will not divulge that I have seen a person attend any Barwon Health service to unauthorised persons (including family or friends).
6. I will not alter or destroy information other than in prescribed circumstances, as required by law.
7. I will not remove information from any Barwon Health site, unless required to do so to fulfil the functions of the Approved Purpose, but only to the extent necessary to do so.
8. I will not divulge any of my system passwords or device access codes to any other person; or leave a device or system open and available for any other person to access.
9. I will report any activities that I suspect may breach this agreement to the Research Development Unit.
10. I understand and agree that my access to Barwon Health systems may be subject to audit and investigation.
11. Where I am uncertain on the collection, use or disclosure of information, I will refer to my site supervisor prior to any action.
12. I agree to uphold these obligations after the Approved Purpose ceases.
13. I provide with this Confidentiality Undertaking, a Fit to Work Police Check, Working with Children Check if applicable and evidence of current Covid and Influenza vaccinations.
14. I will recognise Barwon Health and its staff in any communications and publications arising from the Approved Purpose.
15. I agree to be listed on the Barwon Health Researcher Register.

**Researcher to sign:**

Name of Researcher (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**4. Barwon Health Principal Investigator Declaration and Signature**

I declare on behalf of the research team that I will be responsible for overseeing the conduct of the Researcher named above and will ensure that the study is conducted in accordance with the Human Research Ethics Committee and Site Authorisation conditions of approval.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**5. Head of Department Approval**

(To be signed by the Barwon Health Head of Department of the Principal Investigator)

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please attach this form and all supporting documents to your ERM application alternatively please email this form and all supporting documents to RDU@barwonhealth.org.au

***RDU use only.***

**6. RMC Approval Date**

*(To be dated when the application is tabled before the Barwon Health Research Management Committee)*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_