The Site Specific Assessment is a component of research governance and involves assessing the suitability of the resources at the SAHMRI site, and whether they are sufficient to ensure the satisfactory conduct and completion of the project. It also considers whether appropriate consultation and approval has been granted by local decision makers to permit the project to the undertaken at SAHMRI.

Once completed, the SSA form must be submitted to the Research Governance Officer at SAHMRI via email researchgovernance@sahmri.com

The research project must not commence until both HREC approval and research governance authorisation for the SAHMRI site has been granted.

1. **Project details**

**Formal title of research project:**

1. **Researcher details**

**Please provide a list of each of the researchers involved in this project, including their organisational affiliation, position and role in the project.**

1. **Lay project summary**

*Please provide a brief description of the nature and impact of the research at the site (max 200 words)*

***Project start date:***

***Project completion date:***

1. **Use of SAHMRI Clinic Rooms**

Will you be using the SAHMRI Clinic Rooms on Level 4?

**Yes No**

*If you answer no, please proceed to Section 5 of this form.*

Please provide an overview of the research procedures that you will be undertaking in the clinic rooms.

Please detail the due care that you will be taking regarding the procedures undertaken with research participants, i.e. how will you manage the care of participants in your study.

Please attach a copy of:

 Patient consent and information sheet for your study

SSA Approval from the other site/s at which your study will be undertaken

1. **Information required**

Do you have the following:

* Human Research Ethics Committeeapproval

**Yes No N/A**

If yes, please provide HREC approval code and date of approval.

* Adequate insurance cover and indemnification for this project

**Yes No N/A**

Confirmation is required regarding the insurance cover in place for this project. In the case of clinical trials, a certificate of currency of the insurance policy is required. Please contact finance@sahmri.com for assistance in this area.

* Biosafety approval

**Yes No N/A**

* Radiation safety approval

**Yes No N/A**

* Funding from the tobacco industry

**Yes No N/A**

* Permission from the data custodian to utilise the data

**Yes No N/A**

Have the researchers engaged as part of this study undertaken the necessary training and education in order to successfully and safely undertake this research project?

**Yes No N/A**

1. **Declarations**

**Declaration by Principal Investigator**

* I certify that all details included in this form are correct and that I agree to undertake this research in accordance with any conditions of approval specified by the relevant HREC, and in accordance with relevant national and local guidelines, legislation and other requirements.
* I have completed a WHS Risk Assessment (Intelex, PRO-0035) for these clinic room activities and discussed them with SAHMRI’s Senior WHS Advisor where necessary.

**Name:**

**Position/title:**

**Department:**

**Signature: …………………………………………………………………………..**

**Date:**

1. **Acceptance**

I hereby confirm that I am satisfied that the proposed research meets all research governance requirements of this site.

**Name:**

**Position/title:**

**Signature: …………………………………………………………………………..**

**Date:**