## Site Specific Assessment (SSA)/Research Governance – Supporting Head of Department Approval

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| --- | --- |
| Study details |  |
| Project ID: |  |
| Study Title: |  |
| Principal Investigator:  |  |
| Sponsor/Organisation Leading Research: |  |
| Metro North Facility/Site |  |

**Study details: state the involvement of the department, resources, activities to be done and any implications.**

**Declaration by delegated Support Department Head/s where the department is providing support or services to the research project:**

I have discussed this project with the Principal Investigator and have read the research project. I am *(tick whichever applies)*

[ ]  Able to perform the investigations/services indicated within the present resources of the Department.

[ ]  Able to perform the investigations/services indicated, if the following financial assistance is provided (please include details below):

[ ]  Unable to undertake the investigations/services indicated on the following grounds (please include details below):

|  |  |
| --- | --- |
| Name: |  |
| * Position:
 |  |
| * Department:
 |  |
| * Metro North Facility:
 |  |
| 1. Signature:
 |  |
| 1. Date:
 |  |