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

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| Study details |  |
| Project ID: |  |
| Study Title: |  |
| Principal Investigator: |  |
| Sponsor/Project Lead: |  |
| Metro North Facility/Site: |  |

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

* I certify that I have read the project details in the SSA for the research project application named above.
* I certify that I have discussed this research project and the resource implications for this Department with the Principal Investigator/Site Coordinator.
* I certify that there are suitable and adequate facilities and resources for the research project to be conducted at this site. This is for 'Actual costs' ($XX.XX) and ‘In kind’ ($XX.XX) contribution.
* My signature indicates that I support this research project being carried out using such resources.

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| Name: |  |
| Position: |  |
| Department: |  |
| Metro North Facility: |  |
| Signature: |  |
| Date: |  |