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| **HEALTH/MEDICAL RESEARCH PROJECT APPROVAL DECLARATION** |
| **Declaration by medical/nursing/allied health lead/head of department** |
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| **All medical/nursing/allied health lead, head of department(s)** involved in supporting the study must complete this declaration. A separate declaration must be provided for each approval.Where the principal investigator is also the medical/nursing/allied health lead, clinical practice director, or equivalent, certification must be sought from the person to whom the head of department is responsible. **Investigators cannot not approve their own research**.Researchers must send the *CALHN Health/Medical Research Project Application Form* and *Study protocol* to the relevant medical/nursing/allied health lead and head of department(s) and request that the below declaration is sent via return email if that person approves the study. |
|  |  |  |  |
| Project title | Enter text |
|  |  |  |  |
| Reference Number | Enter text |
|  |  |  |  |
| I certify that:1. I have read the referenced project application.
2. I have discussed this project and the resource implications with the principal investigator.
3. The principal investigator and other investigators involved in the project have the necessary skills, training and experience to undertake their role, and where necessary, appropriate training and supervision has been arranged.
4. There are suitable and adequate facilities and resources for the project to be conducted, and they are available for the duration of the project.
5. The research project has been costed appropriately and there are sufficient funds to cover the costs of conducting research.

I support this project being carried out using the required resources, based on the information provided by the principal investigator. |
| Name | Enter text | Title | Select date |

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| Signature | Enter text | Date | Select date |