**SOUTH EASTERN SYDNEY RESEARCH OFFICE – METHOD OF PAYMENT FORM**

Please note that your submission will not be valid without correct completion of this form

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| 1. **ADMINISTRATIVE DETAILS**
 |
| *1.1.1* **DATE** |  |
| *1.1.2* **REFERENCE NUMBER**FOR ETHICS – YEAR/ETHXXXXXFOR GOVERNANCE – YEAR/STEXXXXX |  |
| *1.1.3* **STUDY TITLE** |  |
| *1.1.4* **ARE YOU OR THE PRINCIPAL INVESTIGATOR ON THIS PROJECT AN EXISTING RESEARCH FUND COMMITTEE MEMBER OR CONTRIBUTOR?** (I.E.: DO YOU MAKE DIRECT CONTRIBUTIONS THROUGH YOUR RFA ACCOUNT) | **YES** [ ] *RFA contributors- please fill in cost centre details below but will not require payment for non-commercial studies.***NO** [ ]  |
| * 1. **PRINCIPAL INVESTIGATOR**
 |  |
| **NAME** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT NUMBER** |  |
| * 1. **PERSON COMPLETING FORM**
 | [ ] NOT APPLICABLE: AS ABOVE |
| **NAME** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT NUMBER** |  |

***\*If the payment is mixed please fill both sections stating the amount for each***

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| 1. **PAYMENT/INVOICE DETAILS**
 |
| *2.1* **\* PAYMENT TYPE** | **INTERNAL RFA TRANSFER** [ ]  **EXTERNAL FUNDING SOURCE** [ ]  |
| *2.2* **INTERNAL RFA TRANSFER**  | FUNDS WILL BE TRANSFERRED FROM COST CENTRE BELOW TO RESEARCH - 181333 |
| *2.2.1* **COST CENTRE NAME** |  |
| *2.2.2* **COST CENTRE NUMBER** |  |
| *2.2.3* **COST CENTRE SIGNATORY** |  |
| *2.3* **EXTERNAL FUNDING SOURCE** | INVOICES WILL BE DIRECTED TO THE NOMINATED PARTY BELOW |
| *2.3.1* **Protocol Number** |  |
| *2.3.2* **FUNDING SOURCE NAME** |  |
| *2.3.3* **ABN** (IF APPLICABLE) |  |
| *2.3.4* **ADDRESS** |  |
| *2.3.5* **CONTACT NAME** |  |
| *2.3.6* **CONTACT NUMBER** |  |
| *2.3.7* **CONTACT EMAIL** |  |

**PLEASE FILL IN A SEPARATE MoP FORM FOR each (SSA & ETHICS)**

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|  | **HREC/ETHICS APPLICATION SUBMISSION AND REVIEW FEES** |
| *3.1.1* **FUNDING CATEGORY** | **FEE** | **REQUESTED SERVICE** |
| *3.1.2* **COMMERCIALLY FUNDED PROJECT** REGARDLESS OF AMOUNT | **$3,300** | **YES** [ ]  |
| *3.1.3*  **ADDITION OF SUB-STUDY TO RESEARCH PROJECTS WITH FULL COMMERCIAL FUNDING**SUB-STUDIES WILL BE REVIEWED AND FEE DETERMINED ON CASE BY CASE BASIS. THE HREC MAY REQUEST THE SUB-STUDY BE SUBMITTED AS A NEW APPLICATION AND CHARGE FULL FEE.  | **$1665** | **YES** [ ]  |
| *3.1.3* **COLLABORATIVE PROJECT WITH $50,000 OR MORE OF FUNDING**  | **$3,300** | **YES** [ ]  |
| *3.1.4* **COLLABORATIVE PROJECT WITH FUNDING UNDER $50,000** | **$150** | **YES** [ ]  |
| *3.1.5* **\*INVESTIGATOR INITIATED PROJECTS FOR SESLHD STAFF** INCLUDES STUDENTS  | **$150** | **YES** [ ]  |
| *3.1.6* **INVESTIGATOR INITIATED PROJECTS FOR EXTERNAL APPLICANTS** | **$300** | **YES** [ ]  |

**\****SESLHD internal/external status**and fee**open to discussion and at the discretion of the Research Director*

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|  | **ETHICS AMENDMENTS – POST APPROVAL** |
| *4.1* **FUNDING CATEGORY** | **FEE** | **REQUESTED SERVICE** |
| *4.1.1* **COMMERCIALLY FUNDED PROJECT**INCLUDES CHANGES TO PROTOCOL AND IB. PISCFs WILL BE CHARGED AS SEPARATE DOCUMENTS UNLESS THEY ARE SUBMITTED AS PART OF A PROTOCOL AMENDMENT | **$550**PER AMENDED DOCUMENT  | **YES** [ ]  |
| *4.1.2* **COLLABORATIVE PROJECT WITH $50,000 OR MORE OF FUNDING** SPONSOR BEING A RESEARCH INSTITUTE/UNIVERSITY/ OR OTHER COLLABORATIVE GROUP | **$550**PER AMENDED DOCUMENT | **YES** [ ]  |
| *4.1.3* **COLLABORATIVE PROJECT WITH FUNDING UNDER $50,000** | **$100** | **YES** [ ]  |
| *4.1.4*  **INVESTIGATOR INITIATED PROJECTS** | **$100** | **YES** [ ]  |

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|  | **GOVERNANCE (SSA) APPLICATION SUBMISSION AND REVIEW FEES** |
| *5.1* **FUNDING CATEGORY** | **FEE** | **REQUESTED SERVICE** |
| *5.1.1* **COMMERCIALLY FUNDED PROJECT** | **$3,740** | **YES** [ ]  |
| *5.1.2* **COLLABORATIVE PROJECT WITH $50,000 OR MORE OF FUNDING**  | **$3,740** | **YES** [ ]  |
| *5.1.3* **COLLABORATIVE PROJECT WITH FUNDING UNDER $50,000** | **$500** | **YES** [ ]  |
| *5.1.4* **INVESTIGATOR INITIATED PROJECTS** INCLUDES STUDENTS | **$150** | **YES** [ ]  |
| *5.1.5* **PI/delegate declares that they have contacted the correct *Head of Department/s* for request of resources approval** |  | **YES** [ ]  |

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|  |  **GOVERNANCE AMENDMENTS – POST APPROVAL** |
| *6.1* **FUNDING CATEGORY** | **FEE** | **REQUESTED SERVICE** |
| *6.1.1* **COMMERCIALLY FUNDED PROJECT**INCLUDES CHANGES TO PROTOCOL, IB, PISCF, and CONTRACT VARIATIONS | **$500** | **YES** [ ]  |
| *6.1.2* **COLLABORATIVE PROJECT WITH $50,000 OR MORE OF FUNDING** SPONSOR BEING A RESEARCH INSTITUTE/UNIVERSITY/ OR OTHER COLLABORATIVE GROUP | **$500** | **YES** [ ]  |
| *6.1.3* **COLLABORATIVE PROJECT WITH FUNDING UNDER $50,000** | **$100** | **YES** [ ]  |
| *6.1.4* **INVESTIGATOR INITIATED PROJECTS** | **$100** | **YES** [ ]  |

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|  | **FEE WAIVER REQUEST** |
| *7.1* **JUSTIFICATION:***State your reasons for requesting a waiver of fees. Please note that a fee waiver is granted for those exceptional cases at the discretion of the Research Office. The application will not be processed until the payment is confirmed.* |
| **Declaration**  |  |

**PI or Delegate declares that the above-mentioned information is complete and correct**  **YES** [ ]

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| **Approval**  |  |

**SESLHD Research Ethics & Governance Manager / Business Manager**

**Comments**

**Name**

**Signature Date**