**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/ETHXXXXX  FOR 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**