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**Multi-Site Site Specific Assessment (SSA) Checklist**

**This checklist is to support research teams submitting a project through the Multi-Site Pathway and submission is mandatory.**

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| **Person Submitting** |
| Name |  |
| Email |  |
| Telephone |  |
| Department |  |
| **Project Details** |
| ERM Project ID Number |  |
| Full Project Title |  |

|  |  |  |
| --- | --- | --- |
| **Required (Project dependent)** | **Yes** | **N/A** |
| If the project is a Clinical Trial it is registered on [Home | ClinicalTrials.gov](https://clinicaltrials.gov/) | [ ]  | [ ]  |
| **Human Research Ethics Committee (HREC) approval** |
| Reviewing HREC Approval Letter lists Peninsula Health as a participating site | [ ]  | [ ]  |
| Reviewing HREC Documents have the same version and date as listed on the approval letter  | [ ]  | [ ]  |
| **Site Specific Assessment (SSA) Form** |
| 1.2: Study type selected is correct  | [ ]  | [ ]  |
| 2.1: Principal Investigator is qualified to conduct research | [ ]  | [ ]  |
| 2.2: If Principal Investigator is not Peninsula Health staff an Associate Investigator from Peninsula Health must be listed | [ ]  | [ ]  |
| 3.1/3.2: Start and Finish dates align with dates in the Protocol | [ ]  | [ ]  |
| 3.3: Any Peninsula Health department providing support is listed | [ ]  | [ ]  |
| Investigator(s), Head of Department +/- Head of Supporting Department(s) **signatures collected** **electronically through ERM** | [ ]  | [ ]  |
| **Fees and Charges** |
| Ethics/Governance Payment Form (RCTI) completed | [ ]  | [ ]  |
| **Qualifications and Training** |
| Investigator(s) CV is updated within the last three years | [ ]  | [ ]  |
| Investigators Good Clinical Practice (GCP) Training certification is dated within the last three years  | [ ]  | [ ]  |
| **Participant Information and Consent Form** |
| HREC approved Participant Information and Consent Form(s) (PICFs) have been modified to create the Peninsula Health Site Specific PICFs;Peninsula Health Logo is included | [ ]  | [ ]  |
| The Study Title, Protocol number, Sponsor name and Principal Investigator name are correct | [ ]  | [ ]  |
| The institution is Peninsula Health | [ ]  | [ ]  |
| Footer includes both HREC approved and Peninsula Health site specific (Frankston Hospital and/or Rosebud Hospital) correct version and date | [ ]  | [ ]  |
| Peninsula Health Complaints contact is listed as Manager Office for Research Telephone: 9784 2679, Email: researchethics@phcn.vic.gov.au | [ ]  | [ ]  |
| **Data Collection Tools** |
| Data Collection Tools (*questionnaires, surveys, focus group questions / themes, telephone questionnaires)* are site specific, validated and compliant with required wording. | [ ]  | [ ]  |
| **Recruitment and Advertising** |
| Materials, (*letter or email invitations, posters, brochures or leaflets, content for media (including radio, print and digital / social media)* are site specific, and compliant with required quidelines. | [ ]  | [ ]  |
| **Legal and Regulatory Documents** |
| Contracts Checklist for the Agreement, Clinical Trial Notification (CTN), Indemnity and Insurance is completed and uploaded  | [ ]  | [ ]  |