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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](mailto: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 |  |  |