

 **Attachment 9**

**CALVARY HEALTH CARE BETHLEHEM (CHCB) RESEARCH ETHICS & ETHICS COMMITTEE**

**COVER LETTER FOR RESEARCH GOVERNANCE APPROVAL**

Date of leClick here to enter text.

CHCB Research Ethics & Ethics Committee

C/GM/Medical Director Office

Calvary Health Care Bethlehem

152 Como Parade West, Parkdale 3195

Dear GM

Please find attached the completed SSA for **(Project Short Title)** Click here to enter text.**.** This research governance application is being submitted on behalf of (**Name of Principal Investigator)** Click here to enter text.**.**

The associated ethics application has been reviewed on Click here to enter text.(date) by **(Name of Reviewing HREC)**Click here to enter text. **in (State)**Click here to enter text.**.** The HREC Reference Number for the research project is **(HREC Reference Number (if known) or is awaiting approval.** Click here to enter text.

**SSA Submission Code** (*obtained from Online Forms website)*

**Is this a Low or Negligible Risk (LNR) SSA?** **[ ]  No** **[ ]  Yes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact**  | **Name** | **Contact Person**  | **Department**  | **Organisation address/site location**  | **Email/Telephone** |
| **Sponsor in Australia** |  |  |  |  |  |
| **Global Sponsor (***if applicable)* |  |  |  |  |  |
| **Invoicing Details** |  |  |  |  |  |
| **Principal Investigator (PI)** |  |  |  |  |  |
| **Trial Co-Ordinator** *(if applicable)* |  |  |  |  |  |

 **Supporting Documents for SSA**

|  |  |  |
| --- | --- | --- |
| **Document Name** | **Version Date** | **Version Number** |
| **Submitted to RE&EC:** |  |  |
| **CHCB Supplementary Form** |  |  |
| **SSA form**  |  |  |
| **Victorian Specific Module** |  |  |
| **Study Protocol** |  |  |
| **Investigator Brochure** |  |  |
| **Participant Information and Consent form**  |  |  |
| **Copy of HREC approval** |  |  |
| **Insurance Certificate** |  |  |
| **Standard Form of Indemnity**  |  |  |
| **CTRA or agreement with detailed budget** |  |  |
| **CTN form for the site** |  |  |
| **Copy of TGA acknowledgement letter to be forwarded when available** |  |  |

**Other Relevant Information for the GM**

The Committee is asked to consider this research proposal to ensure the project is in accordance with

 Catholic ethical teaching, and consider any legal, financial, accountability or risk management issues

 for CHCB.

 Yours sincerely

 **SIGNATURE**

 **NAME**

 **ROLE (Principal Investigator or Trial Co-Ordinator)**

 **DATE**