

**HONORARY RESEARCHER APPLICATION FORM**

**NOTE:Anyone holding a current WH Clinical Honorary Appointment is automatically afforded rights to be involved in research at WH as per the terms that apply to their clinical honorary appointment.**

This form is intended for use where an individual employed by an external institution wishes to conduct research which requires access to Western Health patients and/or their associated data, or Western Health data systems by way of an honorary researcher appointment. It is the responsibility of the hospital department in which the project is carried out to provide the honorary appointee with agreed resources, not the Office for Research. Each honorary appointee must have a Western Health Employee who is involved in the project act as their direct supervisor. Please complete the eligibility checklist below.

For further information, contact, the Office for Research on 83958074 or 83958068/83958069 or email [research@wh.org.au](mailto:research@wh.org.au)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HONORARY RESEARCHER ELIGIBILITY CHECKLIST** | | | | | | | | | | | | | | | **Yes** | **No** |
| 1. Do you currently hold a Western Health Clinical Honorary Appointment? *If yes, you DO NOT need to complete this form. Please refer to NOTE above.* | | | | | | | | | | | | | | |  |  |
| 1. Does the research activity involve access to Western Health Patients data? *If yes, please complete this form.* | | | | | | | | | | | | | | |  |  |
| 1. Does the research activity involve contact with Western Health Patients? *If yes, please complete this form and clarify/specify the level of clinical contact with patients:* | | | | | | | | | | | | | | |  |  |
| 1. Does the Research Activity involve access to any Western Health data systems? *If yes, please complete this form.* | | | | | | | | | | | | | | |  |  |
| 1. Does the research activity only involve staff; (interviews, surveys, focus groups etc.) and there will be no access to patient data or Western Heath data systems? *If yes, honorary appointment is not required, please DO NOT complete form.* | | | | | | | | | | | | | | |  |  |
| 1. Is remote access to Western Health server required? *If yes, please complete this form.* | | | | | | | | | | | | | | |  |  |
| **HONORARY RESEARCHER APPLICATION DETAILS** | | | | | | | | | | | | | | | | |
| **Date of this Application:** Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| **Type of Application:** New Honorary Researcher Appointment  Renewal of Honorary Researcher Appointment  If renewalexpiry date of existing appointment:Click or tap to enter a date.  **Change to Existing Appointment Details.** e.g., scope of role change, or appointment now includes research with another division. | | | | | | | | | | | | | | | | |
| **Justification for Honorary Appointment based on Clause 7.8:** (OP-HR2.1.3 Honorary Appointments Policy Section 7.8)  Honorary appointees should not undertake duties that are normally undertaken by remunerated employees and are not to be involved in duties that might lead to the redundancy of existing paid employee positions in the hospital. The test to be applied in this area will be whether the role filled by the honorary appointee would necessitate the employment of a paid employee if the appointee ceased to provide their assistance.  The following persons shall NOT be classified as Honorary appointees:   * Members of the Board. * Employees of the Health Service performing duties in a remunerated capacity. * A member of the Chaplaincy service who is not an employee of the Health Service. * A student undertaking a formalised training program (e.g., FRACP, RACGP, or RACS) or required to undertake a research activity as part of their academic placement (Honours, Master, PhD), or clinical placement within Western Health and who is not an employee. * A secondary student seconded to Western Health for work experience by arrangement with the Education Department of Victoria, who is paid an attendance fee, but is not construed to be an employee of Western Health.   An Honorary appointee is not obliged to provide service to Western Health, however where a specific commitment is made the appointee is expected to provide support at that level.  The procedure to be followed for any extension to an appointment is the same that applies to the making of that appointment.  An Honorary appointee may be withdrawn or terminated at any time by Western Health and / or the appointee  **(NOTE: Applications which do not include a justification based on clause 7.8 will not be processed)** | | | | | | | | | | | | | | | | |
| **The justification for this honorary researcher appointment is:** Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| WH Department Cost Centre for Police Check Fee: Click or tap here to enter text.  **(NOTE: Applications that DO NOT include this information WILL NOT BE PROCESSED. This should be the cost centre of the WH department/division where the honorary is required as it will be charged the Police (Fit2work) Check Fee.**)  The Office for Research will initiate the Fit2work check via Western Health HR. The applicant will then be sent an email from Fit2work for the Fit2work application to be completed online. It is mandatory that the Fit2work check is done via Western Health. External or individual Fit2work clearances will NOT be accepted. | | | | | | | | | | | | | | | | |
| 1. **Name & details of proposed honorary appointee** | | | | | | | | | | | | | | | | | | |
| **Title:** Choose an item. | | | **Given Name:** | | | | | | | | **Surname:** | | | | | | | |
| **APHRA Professional Registration No (if applicable):** | | | | | | | | | | | | | | | | | | |
| **Residential Street Address:** | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | **State:** | | | | | | **Postcode:** | | | | |
| **Home Phone number:** | | | | | | | | **Mobile Number:** | | | | | | | | | | |
| **Email address:** | | | |  | | | | | | | | | | | | | | |
| **Name of External Institution where applicant is from:** | | | | | | | | | | | | | | | | | | |
| **Duration of Appointment** (to maximum of 3 years)**:** | | | | | | | | | | | | | | | | | | |
| **Will appointee be on site?** Yes  If yes, which site/s? (Tick all that apply) No | | | | | | | | | | | | | | | | | | |
| Bacchus Marsh Hospital  Sunshine Hospital  Footscray Hospital  Williamstown Hospital  Sunbury Day Hospital  Bacchus Marsh Community Health Centre  Grant Lodge Residential Aged Care  Drug Health Services  Caroline Springs Community Health Centre  Melton Health  Melton Health & Community Health Services  Sunshine Hospital Radiation Therapy Centre  Dame Phyllis Frost Centre  Western Centre for Health Research and Education (WCHRE) | | | | | | | | | | | | | | | | | | |
| **Is Remote Access to the Western Health Server required in order for the honorary appointee to perform their duties for/at Western Health?** No  Yes  *if yes, the Western Health supervisor of the Honorary Appointee and the Divisional Director (or their assigned delegate) must endorse that remote access is required to be a condition of the Honorary Researcher Appointment. See declaration section of this form.* | | | | | | | | | | | | | | | | | | |
| **Will appointee be working with Children (under 18)?** | | | | | | | | | Yes\*  No  \*Provide Working with Children Check. | | | | | | | | | |
| 1. **Has ethics approval been granted for the project to be conducted at Western Health?**   **(**If there is more than one project, please list details for all projects for which the appointment will apply.**)** | | | | | | | | | | | | | | | | | | |
| **HREC/ERM ID Reference Number:**  **Project Title:** | | | | | | | | | | | | | | | | | | |
| Yes | | If yes, provide a copy of ethics approval certificate and SSA authorisation if this has also been granted. | | | | | | | | | | | | | | | | |
| No | | If not please specify the status of the application: Submitted  To be Submitted  Under Review | | | | | | | | | | | | | | | | |
| **Name of HREC reviewing project:** | | | | | |  | | | | | | | | | | | | |
| **HREC Review Date**: | | | | | |  | | | | | | | | | | | | |
| **Role of Honorary Applicant on the project:** | | | | | | | | | | | | | | | | | | |
| Principal Investigator (Only for PMCC Sunshine Radiation Staff)  Associate Investigator  Student | | | | | | | | | | | | | | | | | | |
| Other, please specify: | | | | | | | | | | | | | | | | | | |
| 1. **Research Activities/Duties at Western Health (list all duties clearly, tick all that apply):**   If more than one project, please list duties for each project. | | | | | | | | | | | | | | | | | | |
| Data Collection | | | | | | | Consent | | | | | | Venepuncture\* | | | | | |
| Data Analysis | | | | | | | Interviews | | | | | | Laboratory/Specimen Collection\* | | | | | |
| Ethics & Governance Submissions | | | | | | | Recruitment | | | | | | Specimen Processing\*  \*Please ensure the applicant has appropriate credentialling for these duties. | | | | | |
| Other duties/ If involved with more than one project (please specify duties for each project): | | | | | | | | | | | | | | | | | | |
| 1. **Who is the Western Health Principal Investigator (PI)?** | | | | | | | | | | | | | | | | | | |
| **Title:** Choose an item. | | | | | **Given Name:** | | | | | | | **Surname:** | | | | | | |
| Will the Principal Investigator be the honorary staff direct supervisor? | | | | | | | | | | | | **Yes  No** | | | | | | |
| If not, please name which Western Health employee who will be and state their position on the research team: | | | | | | | | | | | | | | | | | | |
| **Title:** Choose an item. | | | | | **Given Name:** | | | | | | | **Surname:** | | | | | | |
| **Position:** | | | | |  | | | | | | | | | | | | | |
| **Contact number:** | | | | |  | | | | | **Email:** | | | | |  | | | |
| 1. Please list all Western Health resources proposed to be utilised for the project:   (E.g., staff time, workspace, computer usage, Western Health email access, stationary, storage space etc) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Will resource use be reimbursed in any way to Western Health?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Please explain any intellectual property arrangements:   (E.g., WH to be named in any publications, who owns the data etc.) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 1. **DECLARATIONS** | | |
| **HONORARY RESEARCHER APPOINTEE**   * *I have read and agree to comply with the Western Health Research Code of Conduct (2018).* * *I also declare that all institutional safety standards and privacy policies will be adhered to during the conduct of the research at Western Health.* | | |
| **Name:** | **Signature:** | **Date:** |
| RESEARCH TEAM SUPERVISOR DECLARATION (PI or other research team member as nominated in Section 4 to supervise the Honorary Appointee named on this application)  *Please check the relevant option regarding any requirement for REMOTE ACCESS for the APPLICANT*   * *YES*  *I declare that the applicant will require remote access to Western Health data/IT systems in order for them to perform their intended duties as an Honorary Researcher. (Note: The Divisional Director (or their assigned delegate) declaration below must support this statement)*   *OR*   * *NO* *I declare the applicant will NOT require Remote Access to Western Health data/IT systems in order for them to perform their intended duties as an Honorary Researcher.*   *Duty Statement:*   * *I declare I will provide the appropriate level of supervision of the honorary researcher appointee in performing their duties as specified in section 3.* * *I declare on behalf of the research team that all publications resulting from this project will give appropriate acknowledgement to Western Health.* * *I also declare that all institutional safety standards and privacy policies will be adhered to during the conduct of the research at Western Health.* | | |
| **Name:** | **Signature:** | **Date:** |
| 1. **POSITION REVIEW and ENDORSMENT BY: WESTERN HEALTH DIVISIONAL DIRECTOR**   (To be signed by the Divisional Director of the division requiring the Honorary Appointee, i.e., the Division of the Principal Investigator) | | |
| **Western Health Division Name:** Choose an item. | | |
| **Divisional Director Name:** | | |
| **Appointment/Reappointment recommended: Yes  No** | | |
| **Specify Length of Appointment/Reappointment** (up to 3 years)**:**Choose an item. | | |
| **Remote Access Endorsement:**   * **Not Applicable** *The applicant will not require remote access for the above project(s)***.** * ***NO*** The *duties must be performed by the attendance of the applicant at the named Western Health site.* * **YES** *I am satisfied that the Honorary Researcher Appointee requires remote access to perform their duties and thereby endorse the provision of Remote Access to Western Health data systems as a condition of appointment.* | | |
| **Duty Statement:** | | |
| * *I endorse the research team Supervisor’s supervision of the Honorary Researcher Appointee in performing their duties as listed in section 3.* * *I state that my division and the department within has adequate resources to accommodate the needs of this project and I support its conduct and that the named applicant has the appropriate qualifications for this appointment.* * *I have reviewed this application and deem that this honorary researcher appointment will not deny any Western Health Staff member from the above-named Division the opportunity to be involved in research.* | | |
| **Name:** | **Signature:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| **Mandatory Document Submission Checklist**  Please complete and attach all required documents to avoid an invalid submission\* | **N/A** | **Yes** |
| Honorary Researcher Application form (with all fields completed and signed by relevant parties) |  |  |
| Two Completed Reference Checks (on a WH reference template or an email of recommendation) |  |  |
| Attached Full Curriculum Vitae of Honorary Appointee Applicant |  |  |
| APHRA Professional Registration Certificate (if applicable) |  |  |
| Working with Children Check (if applicable) |  |  |
| Attached Pre-Employment Health Check Clearance Certificate from WH Staff Clinic  (*However, if this is a renewal to an existing honorary appointment that has not already expired then a pre-employment health check is not required*. (Select N/A) If *the appointment has expired then a new Health/Immunisation check will be required.)* |  |  |
| Attached a copy of the HREC Approval certificate (If available) |  |  |
| Attached a copy of the Western Health SSA Authorisation Letter (If available) |  |  |
| \* An application will be deemed invalid and it will be returned to the sender for resubmission if it is incorrectly completed / not signed by all relevant parties / or is missing the required supporting documentation. | | |

|  |  |  |
| --- | --- | --- |
| FOR Office for Research Use Only: FINAL APPROVAL and AUTHORISATION OF APPOINTMENT | | |
| **FINAL APPROVAL and AUTHORISATION BY RESEARCH PROGRAM DIRECTOR (or their DELEGATE)**  *I have reviewed this application and agree to the appointment of the named applicant.* *I understand that this appointment does not contravene the definition of Honorary Appointment according to the Policy & Procedure OP-HR2.1.3.* | | |
| **Name:** | **Signature:** | **Date:** |
| **Position** (if delegate- please specify)**:** | | |