**Approval form for submission of:**

**• Abstracts for Conference Presentations**

**• Manuscripts for Publication as Journals Articles**

|  |  |
| --- | --- |
| **NAME:** |  |
| **POSITION HELD:** |  |
| **CONTACT DETAILS:** |  |
| Work site/facility: |  |
| Phone: |  |
| Email: |  |

**WHAT ARE YOU PROPOSING TO DO?**

(Please include relevant details of conference / journal and timeframe)

Anticipated date of presentation/publication: Click or tap to enter a date.

**OUTLINE OF PRESENTATION/JOURNAL ARTICLE:**

***Title****:*

***Is this a research project?*** *Choose an item.*

***If yes, has approval been given by a Human Research Ethics Committee (HREC)?*** *Choose an item.*

***Name of HREC****:*

***Date of approval****: Click or tap to enter a date.*

***HREC Approval number****:*

*For further information regarding ethics approval of research projects, please contact the LHD Research Ethics and Governance Officer on 02 6672 0269 or* [*NNSWLHD-Ethics@health.nsw.gov.au*](mailto:NNSWLHD-Ethics@health.nsw.gov.au)*.*

***PLEASE ATTACH TYPED ABSTRACT/SYNOPSIS***

***PLEASE COMPLETE RELEVANT APPROVAL FORM (BELOW) ACCORDING TO ACTIVITY RISK***

# APPROVALS – Low or Negligible Risk, Single Site Projects

**Please nominate relevant stakeholders and circulate for review and approval**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | Director of Research | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  | |  |
| 2 |  | Department Head / Line Manager | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  | |  |
| 3 |  | Hospital/Facility General Manager / Executive Officer (Tier 3) | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  |  |  |
| *If required (as recommended by any approver above)* | | |  |
|  | | |  |
| 4 |  | Tier 2 Director / General Manager | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  |  |  |
| 5 |  | Chief Executive | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  | |  |

Northern NSW Local Health District approval has to be given to the applicant prior to any commitment being made by the applicant. This form is to be submitted in time to reach the relevant stakeholders for consideration and approval.

Please return signed forms to the Director of Research on: [Alexandre.Stephens@health.nsw.gov.au](mailto:Alexandre.Stephens@health.nsw.gov.au)

# APPROVALS – Higher Than Low Risk or Multi-Site Projects

**Please nominate relevant stakeholders and circulate for review and approval**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | Director of Research | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  | |  |
| 2 |  | Department Head / Line manager | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  | |  |
| 3 |  | Tier 2 Director / General Manager | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  |  |  |
| *If required (as recommended by any approver above)* | | |  |
|  | | |  |
| 4 |  | Chief Executive | Date: \_\_\_/\_\_\_/\_\_\_ |
|  | *Sign* |  |  |
|  |  |  | Name (please print) |
|  |  |  |  |

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