**Translational Research Grant Scheme (TRGS) Round 8**

*Request for Partnering Organisation Approval*

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| **Host Organisation** |  |
| **Administering Organisation**  (If known and different to Host) |  |
| **Partnering Organisation/s** |  |
| **Application Stage**  (i.e. EOI or Full Application) |  |

The NSW Health Translational Research Grant Scheme (TRGS) Round 8 Guidelines require applicants to gain approval from Partnering Organisations (i.e. local health districts, specialty health networks, NSW Ambulance and NSW Health Pathology) for all sites where the project is being conducted. TRGS Coordinators will facilitate this process on behalf of applicants.

At the Expression of Interest (EOI) stage the TRGS Coordinator from the Partner Organisation is required to sign the approval.

For those invited to submit a Full Application, the Chief Executive from all Partner Organisations is required to approve and sign (section 7).

**Instructions**

**Please complete this *Request for Partner Organisation Approval* for each Partnering Organisation in your Round 8 TRGS application.**

At EOI stage, the final EOI application and all Partner Organisation approval forms must be returned to the TRGS Coordinator of the Host Organisation.

At Full Application Stage, the final Full Application and all Partner Organisation approval forms must be returned to the TRGS Coordinator of the Host Organisation.

A list of TRGS Coordinators with their contact details are available on the [TRGS webpage.](https://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme/)

The Host TRGS Coordinator will then facilitate sign off by the respective Partner Organisations at both EOI and Full Application stage.

**Chief Investigator(s) to complete sections 1-6.**

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| **1. Project Title** |
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| **2. Contact Details of Chief Investigator** |
| Title:  Full Name:  Position:  Organisation:  Phone:  Email:  *(Repeat Section 2 if there are more than one Chief Investigator)* |
| **3. List all research sites involved in the study, person consulted at each site and their role in the study (i.e. Associate Investigator).** |
| Research site 1:  Person Consulted: Position Title: Role in Study: Email Address: |
| Research site 2:  Person Consulted: Position Title: Role in Study: Email Address: *(Repeat this section as required for all research sites)* |

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| **4. Please complete the following table detailing the cash/in-kind contributions required from each research site external to the Host Organisation, i.e. required from Partner Organisations.** |
| |  |  |  | | --- | --- | --- | | Research site | Cash Contribution ($)  (If applicable\*) | In-kind Contribution (Staff FTE or Access to facilities) | | *E.g. Royal Prince Alfred Hospital, Sydney Local Health District* | *E.g. $20,000 (2019 NHMRC Postgraduate Scholarship)* | *0.5FTE Prof Brown, Staff Specialist, Endocrinology*  *1.0FTE Research Assistant*  *Access to RPA Emergency Department* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   ***\*****Cash contributions may refer to additional funding required from partner sites to assist with the project should it be successful in TRGS Round 8. These contributions may also include grant funding previously received for the project and if so, please identify the grant name, delivering organisation and full amount.* |
| **5. Please complete the following table detailing any cash/in-kind support provided to each research site external to the Host Organisation, i.e. provided to Partner Organisations.** |
| |  |  |  | | --- | --- | --- | | Research site | Cash Support ($) | In-kind Support (Facilities or FTE) | | *E.g. Royal Prince Alfred Hospital, Sydney Local Health District* | *E.g. $20,000 for installing new IT platform* | *E.g. 0.1FTE Data Analyst from Host Organisation, who will visit the hospital to collect and review data* | |  |  |  | |  |  |  | |  |  |  | |
| **6. Are there any risks to participants, patients, staff or the organisation that may arise from this project that should be made known to Organisation Executives?**  Please identify the following:   1. The risks identified at each relevant partner site. 2. The mitigation strategy for each risk. 3. If no known risks, please declare that there are known risks at each partner site.   *Please discuss with your local TRGS Coordinator if unsure.* |
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**Host TRGS Coordinator to facilitate approval sign-off.**

**7. FOR COMPLETION BY TRGS COORDINATOR AT THE PARTNERING SITE ONLY**

Approval is gained from the Partner Organisation recognising the details listed in this request and potential involvement of their organisation for the proposed project, which will be submitted in Round 8 of the Translational Research Grant Scheme.

For EOI stage, TRGS Coordinator sign-off of Partner Organisation is required.

For Full Application stage, Chief Executive sign-off of Partner Organisation is required.

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| **Full Name:** |  |
| **Position Title:** |  |
| **Organisation:** |  |
| **Signature:** |  |
| **Date:** |  |