

Oral Health Victoria (OHV) Research Application Form

Project title		
Principal investigator (PI) name		In the event that OHV Research Review Group (RRG) secretariat cannot contact the PI, does the PI approve the secretariat contacting the responsible researcher/s? Yes <input type="checkbox"/> No <input type="checkbox"/>
PI phone:		PI email:
Responsible researcher/s name/s and email	Name:	Email:
	Name :	Email:
Financial funding for project	\$	Funding source:
HREC Ethics approval	<input type="checkbox"/> Ethics application approved by the HREC <u>PLEASE PROVIDE FULL APPLICATION & APPROVAL LETTER</u> <input type="checkbox"/> Full HREC application provided <input type="checkbox"/> HREC approval letter provided Name the HREC where application was submitted: _____	
Outline resources/support required from RDHM/OHV		
Do you currently hold a University of Melbourne (UoM) or OHV appointment?	Yes <input type="checkbox"/> Where? OHV <input type="checkbox"/> UoM <input type="checkbox"/> (tick as appropriate) Position: _____ e.g. post grad student . Please sign/date this form, no need to complete shaded section. No <input type="checkbox"/> Please complete the shaded section below	
Only non OHV and/or non UoM staff/students complete this shaded section below:		
Name of organisation you are affiliated e.g. RMIT etc.		
Do you hold an Australian Health Practitioner Regulation Agency (AHPRA) Registration?	Yes <input type="checkbox"/> Provide a copy of your AHPRA registration No <input type="checkbox"/> N/A <input type="checkbox"/> I am not a clinician	
Is your AHPRA registration limited, conditional or does it have any notations?	Yes <input type="checkbox"/> Please provide details _____ No <input type="checkbox"/> N/A <input type="checkbox"/> I am not a clinician	
Do you have an appropriate OHV approved Scope of Clinical Practice? OHV Scope of practice	Yes <input type="checkbox"/> Please provide evidence of current scope of practice _____ No <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/> I am not a clinician	
Have you ever had a scope of clinical practice denied	Yes <input type="checkbox"/> Provide details _____ No <input type="checkbox"/> N/A <input type="checkbox"/> I am not a clinician	
Do you have a valid Victorian Working with children's check	Yes <input type="checkbox"/> Please provide a copy of your working with children check No <input type="checkbox"/> Please note: If as part of your research you will be directly working with children 18 years or younger, you will need to apply for a working with children check and provide evidence prior to commencing research within OHV/RDHM.	
PI Signature:		Date:

Email this completed application with required [documentation](#) to the RRG secretariat at researchreviewgroup@OHV.org.au

OHV office use only:

RDHM Head of Unit/RDHM Executive Director/Specialist Care/Primary Care/CAOHRE managers complete this section:			
Please respond to the following statements/questions by ticking yes/no or N/A:	Yes	No	N/A
The project is feasible to be conducted within RDHM/OHV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resource requirements are acceptable i.e. budget and/or staffing implications are acceptable. If not please specify the cost implications for the hospital/researcher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results of the study could be of benefit to RDHM patients, or increase oral health care evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend that the project is reviewed by Infection Control prior to final approval (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend that the project is reviewed by OH&S prior to final approval (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The PI (or others in the research team) will need to be trained in the following RDHM procedures before the project may commence (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approve this research project without any further conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approve this research project with further conditions. What are the conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RDHM Head of Unit		
Unit Name:		
Name:	Date:	Signature:

Executive Director (RDHM)/Manager Specialist Care/Manager Primary Care		
Name:	Date:	Signature:

CAOHRE Manager:		
Name:	Date:	Signature: