Honorary Research Affiliate Application

# Applicant details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter | | |
| Institutional affiliation | Click here to enter | | |
| Address | Click here to enter | | |
| Position | Click here to enter | | |
| Email | Click here to enter | | |
| New appointment: | Select | If no | Current HAD ID |

## Justification for Honorary Research Affiliate appointment

|  |
| --- |
| Provide explanation of why records access cannot be conducted by a current CALHN employee:  Click here to enter |

## In submitting this application I the Applicant understand that:

|  |
| --- |
| 1. I must have a CALHN collaborator/supervisor |
| 1. Access is only provided for studies authorised by CALHN |
| 1. I will be provided with read-only access to the Electronic Medical Record (EMR) |
| 1. I will be provided with a login and password to access the EMR |
| 1. I will need to provide reports to CALHN Research Services that includes the unique record number of patients accessed in the Study |
| 1. All patient information accessed will be monitored and may be audited in accordance with SA Health policies |
| 1. The title of Honorary Research Affiliate does not create an employment relationship and attracts no remuneration from CALHN |
| 1. I require a current screening assessment to have access to SA Health workplaces and / or information systems in accordance with [SA Health Criminal and Relevant History Screening Policy Directive](https://www.sahealth.sa.gov.au/wps/wcm/connect/3a90230044cdf0ee95bbfd3f59363f11/Directive+-+Criminal+and+Relevant+History+Screening+Policy+-+V3+Feb2017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3a90230044cdf0ee95bbfd3f59363f11-lGCgarg) |
| 1. I must maintain the confidentiality, integrity, privacy and security of information in accordance with [SA Health Privacy Policy Directive](https://www.sahealth.sa.gov.au/wps/wcm/connect/60b8550041526f138c0d8ee8f09fe17d/Directive_Privacy_Policy_v2.0_28.05.2019.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-60b8550041526f138c0d8ee8f09fe17d-nDFqe3.) and [PC012 Information Privacy Principles (IPPs)](https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars#:~:text=PC012%20Information%20Privacy%20Principles%20(IPPS)%20Instructions&text=This%20circular%20is%20a%20Cabinet,store%20and%20disclose%20personal%20information.) |
| 1. I will need to undertake training as required by CALHN and SA Health systems |
| 1. I will sign an Access Deed prior to being provided with approved access |
| Signature of Applicant |
| Date |

#### Study details

|  |  |
| --- | --- |
| Study title | Click here to enter |
| Principal Investigator | Click here to enter |
| Applicant’s duties in Study | Click here to enter |
| Records required | Sunrise EMR/PAS  OACIS  Department database  Medical Records  Other Specify |
| Site(s) | Click here to enter |
| HREC Reference Number | Enter reference number |
| Governance Reference Number | Enter reference number |

#### Attachment checklist

|  |  |
| --- | --- |
| Current Curriculum Vitae | CALHN Access Deed |
| Evidence of Indemnity/Insurance cover | Current [National](https://screening.sa.gov.au/screening-process/child-related-employment-screening#childrelatedemployment) Police Check |

#### Please note all signatures will be obtained via DocuSign, please leave the Signature and date section blank in each table below.

#### CALHN supervisor/collaborator

|  |  |
| --- | --- |
| Name | Click here to enter |
| Department / site | Click here to enter |
| Email | Click here to enter |
| Signature | |
| Date |  |

#### CALHN line manager acknowledgement

|  |  |
| --- | --- |
| Name | Click here to enter |
| Department / site | Click here to enter |
| Email | Click here to enter |
| Signature | |
| Date |  |

#### Applicant institution/faculty endorsement

|  |  |
| --- | --- |
| Name | Click here to enter |
| Title | Click here to enter |
| Email |  |
| Signature | |
| Date |  |

Please forward this application and all documents listed in the checklist to [HealthCALHNResearchHR@sa.gov.au](mailto:HealthCALHNResearchHR@sa.gov.au) with [HealthCALHNResearchGovernance@sa.gov.au](mailto:HealthCALHNResearchGovernance@sa.gov.au) CC’d for processing and review.

#### CALHN Delegate Approval

|  |  |
| --- | --- |
| Name | Click here to enter |
| Title | Click here to enter |
| Signature | |
| Date | Click to enter date. |

#### For more information

|  |  |
| --- | --- |
| CALHN Research Services | Level 3 Roma Mitchell House |
| T: 08 7117 2209 | 136 North Terrace |
| E: Health.CALHNResearchGovernance@sa.gov.au | Adelaide SA 5000 |
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