HONORARY RESEARCH AFFILIATE APPLICATION

unpaid access appointment

Application details

|  |  |
| --- | --- |
| Name | Click here to enter |
| Employer / 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 SA Health employee:
* (Note under s 3.10.3 SA Health Research Governance Policy Directive: A waiver of consent approved by a HREC is not sufficient and is not considered an appropriate justification for a non-SA Health researcher to access electronic systems of SA Health for research purposes).

In submitting this application I the Application understand that : -

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| 1. I must have a NALHN collaborator/supervisor |
| 2. Access is only provided for studies authorised by NALHN |
| 3. I will be provided with read-only access to the Electronic Medical Record (EMR) |
| 4. I will be provided with a login and password to access the EMR |
| 5. I will need to provide reports to NALHN Research Secretariat that includes the unique record number of patients accessed in the Study |
| 6. All patient information accessed will be monitored and may be audited in accordance with SA Health policies |
| 7. The title of Honorary Research Affiliate does not create an employment relationship and attracts no remuneration from NALHN |
| 8. I require a current screening assessment to have access to SA Health workplaces and / or information systems in accordance with [SA Health Criminal](https://www.sahealth.sa.gov.au/wps/wcm/connect/3a90230044cdf0ee95bbfd3f59363f11/Directive%2B-%2BCriminal%2Band%2BRelevant%2BHistory%2BScreening%2BPolicy%2B-%2BV3%2BFeb2017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3a90230044cdf0ee95bbfd3f59363f11-lGCgarg)[and Relevant History Screening Policy Directive](https://www.sahealth.sa.gov.au/wps/wcm/connect/3a90230044cdf0ee95bbfd3f59363f11/Directive%2B-%2BCriminal%2Band%2BRelevant%2BHistory%2BScreening%2BPolicy%2B-%2BV3%2BFeb2017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3a90230044cdf0ee95bbfd3f59363f11-lGCgarg) |
| 9. I must maintain the confidentiality, integrity, privacy and security of informationin 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%3BCACHEID=ROOTWORKSPACE-60b8550041526f138c0d8ee8f09fe17d-nDFqe3) and [PC012 Information](https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars#%3A%7E%3Atext%3DPC012%20Information%20Privacy%20Principles%20(IPPS)%20Instructions%26text%3DThis%20circular%20is%20a%20Cabinet%2Cstore%20and%20disclose%20personal%20information) [Privacy Principles (IPPs)](https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars#%3A%7E%3Atext%3DPC012%20Information%20Privacy%20Principles%20(IPPS)%20Instructions%26text%3DThis%20circular%20is%20a%20Cabinet%2Cstore%20and%20disclose%20personal%20information) |
| 10. I will need to undertake training as required by NALHN and SA Health systems |
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| 11. I will sign an Access Deed prior to being provided with approved access |
| Signature of Applicant |
| Date Click to enter date. |

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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 approval | Select Enter reference number |
| Governance approval | Select Enter reference number |

Attachment checklist

|  |  |
| --- | --- |
| * Current Curriculum Vitae
 | * NALHN Access Deed
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| * Evidence of Indemnity/Insurance cover
 | * Current [Child related employment screening](https://screening.sa.gov.au/screening-process/child-related-employment-screening#childrelatedemployment)
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NALHN supervisor/collaborator

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

NALHN line manager acknowledgement

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

Applicant institution/faculty endorsement

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

Once the above signatures have been obtained please forward this application and all documents listed in the checklist to HealthNALHNRgo@sa.gov.au for processing for approval.

## NALHN Delegate Approval

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