

# Research Governance Review

## Internal Journal Transfer Authorisation Form / Invoicing Authorisation Form

For information relating to fees for review by the SCHN Research Governance Office, please refer to the policy: [Fees for the Review of Ethics and Site Specific Assessment Applications](#)

Please note that applications for governance review for **NEW** applications WILL NOT be accepted unless this Invoicing Authorisation Form has been completed and submitted with your application to the Governance inbox.

New Application

Date  HREC Reference No.  (if known)

Short Project Title:

Principal Investigator:

Department & Location:

Contact for Enquiries:

Contact Phone Number:

Contact Email:

If you require a Tax Invoice to be issued please provide the following information for who the invoice is to be sent to:

- a) ABN
- b) Full Name of Contact for Invoices
- c) Organisation
- d) Full Address
- e) Phone & Fax Number
- f) Email
- g) Reference (if applicable); for example Protocol or Order Number

Type of Application	Support / Financial Support	Fee (GST Inclusive)
<input type="checkbox"/> Application for Research Project	Full Industry Funding	\$3,740
<input type="checkbox"/> Application for Research Project	Investigator Initiated with Industry Funding	0.5% of total (funding) contract value up to \$3,740
<input type="checkbox"/> Application for Research Project	Collaborative group funded or sponsored studies	\$165
<input type="checkbox"/> Application for Investigator or Student Research Projects	Investigator initiated or student project without an external funding source or competitive internal funding source	\$0

TOTAL AMOUNT PAYABLE FOR Governance Review:

For Payment Method see overleaf

Payment Methods - Payment can be made in one of four (4) ways. Please complete as applicable.

<b>Electronic Funds Transfer (Applications for Research with Full or Partial Industry Funding)</b>	
Bank Name	Westpac Banking Corporation
BSB Number	032 - 340
Account Number	139996
Account Name	The Sydney Children's Hospitals Network (Randwick and Westmead) (Incorporating The Royal Alexandra Hospital for Children) General Fund
SWIFT Code	WPACAU2S
ABN	53 - 188 - 579 - 090
Contact Person	Aura F. Certeza
Contact Number	(02) 9845 - 3682
Fax Number	(02) 9845 - 3818

Once transfer has been completed you must **EMAIL** [aura.certeza@health.nsw.gov.au](mailto:aura.certeza@health.nsw.gov.au) and "cc" [cashier@chw.edu.au](mailto:cashier@chw.edu.au):

i) a copy of the REMITTANCE ADVICE

ii) advising the fee is for Governance (Cost Centre 691306)

iii) Protocol number and name of Sponsor

I confirm that the Electronic Funds Transfer has been made, instructions as above completed and Remittance Advice attached

OR

**Cheque (Applications for Research with Full or Partial Industry Funding)**

In favour of "Sydney Children's Hospitals Network" and attached with this form to your NEAF/LNR application .

I can confirm that a cheque is attached to the application

OR

**Internal Journal Transfer**

Cost Centre No.	<input type="text"/>	Cost Centre Name:	<input type="text"/>
Cost Centre Controller:	<input type="text"/>		
Cost Centre Approval: (Signature)	<input type="text"/>		

OR

**Tax Invoice Request (Applications for Research with Full or Partial Industry Funding)**

Please note that payment on submission is preferred and this option should only be used if one of the previous three are not available to you.

Please send a tax invoice to the address noted on Page 1 of this form. I acknowledge that I will not receive an outcome from the Research Governance Office until such time that payment has been received.

Signature of Authorised Person:

Name of Authorised Person:

Date: