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**Checklist QA Project Application Checklist**

**This checklist is to support research teams submitting a project through the QA Pathway.**

**Prior to submission through ERM, project protocols must be submitted to the Office for Research so that the review pathway appropriate to the project can be determined.**

**If this has not been done COMPLETE THIS TASK BEFORE PROCEEDING**

|  |  |
| --- | --- |
| **Person Submitting** | |
| Name |  |
| Email |  |
| Department |  |
| Telephone |  |
| **Project Details** | |
| Reference Number |  |
| Full Project Title |  |

|  |  |  |
| --- | --- | --- |
| **Document** | **Yes** | **N/A** |
| **Application Form** | | |
| All investigators listed on the protocol included in the Application Form. |  |  |
| The Principal Investigator is a senior member of staff. |  |  |
| All investigators signed the application form using ERM electronic signatures |  |  |
| Heads of any Supporting Department or departments impacted by the project signed the application form using ERM electronic signatures. |  |  |
| The Head of Department signed the application form using ERM electronic signatures. |  |  |
| **Protocol** |  |  |
| A Peninsula Health Protocol Template been used. |  |  |
| The protocol describes where any data will be obtained, stored, when it will be deidentified and when destruction/deletion will occur. |  |  |
| **Data Collection** | | |
| The data collection spreadsheet listing all data items to be collected has been uploaded. |  |  |
| **Survey** | | |
| The survey includes an introduction that is compliant with the Peninsula Health Survey Introduction Template |  |  |
| The survey is a validated tool. |  |  |
| **Recruitment** | | |
| It any participants are going to be recruited, the invitation to participate has been included. |  |  |
| **CVs** | | |
| CVs for all investigators have been uploaded (if not submitted in the last 3 years). |  |  |
| **All documents have a version Number and Date in the footer** |  |  |