**The Research Project Insurance Application**

**\*\*Please ensure you have enabled the document**

The following information will be required in order to make an individual insurance assessment.

Please complete table below and submit.

|  |  |
| --- | --- |
| (Office use only) Application ID |   |
| Academic Unit and Discipline conducting Research: |   |
| Title of Research Project: |  Click or tap here to enter text. |
| Contact person name and number: |  Click or tap here to enter text. |
| Project commencement date: |  Click or tap to enter a date. |
| Project completion date: |  Click or tap to enter a date. |
| Purpose of project (summary): |  Click or tap here to enter text. |
| In what countries will you be conducting your research? |  Click or tap here to enter text. |
| Is this research a Clinical Trial? | Yes [ ]  No[ ]  |
| Is this research required to be notified under the ["Clinical Trial Notification" or "Clinical Trial Exemption" Schemes?](https://www.tga.gov.au/clinical-trials) |  Yes [ ]  No[ ]  |
| Total number of participants/volunteers: |  Click or tap here to enter text. |
| Description of any treatment or testing to be undertaken on participants (e.g. blood sampling, medical testing, exercise stress testing etc.) |  Click or tap here to enter text. |
| Who will be conducting the treatment or testing on the participants? (e.g. UniSA students/staff/volunteers, hospital staff, external medical practitioners?) |  Click or tap here to enter text. |
| Does the research project involve the administration of drugs/minerals/vitamins etc? |  Click or tap here to enter text. |
| If yes - is the drug/mineral/vitamin TGA approved? |  Click or tap here to enter text. |
| Are consent forms completed by participants: |  Click or tap here to enter text. |
| Is the research project sponsored by a third party?If yes, please advise by whom: | Click or tap here to enter text. |
| Is there an agreement with any third party? e.g. Hospital, aged care facility, government body etc. |  Click or tap here to enter text. |
| Any other information or disclosures relevant to your application: |  Click or tap here to enter text. |
|  \*\*Please only hit the ‘Submit’ button once. **No** pop up message will appear after submitting. |