# Organisational verification of personnel form

This form is used within the eProtocol registration process to verify an individual and their affiliation with the organisation/site in which they wish to register with.

|  |  |
| --- | --- |
| **To be completed by the applicant** | |
| Name of applicant: |  |
| In what capacity do you require access to eProtocol? | Principal Investigator who will be submitting a study to Bellberry for review |
| Sub-Investigator |
| Nominated contact (e.g. site staff, CROs) |
| Name of Principal Investigator (*if different from applicant*): |  |
| Site at which the study is to be conducted (i.e., site where the PI is located): |  |
| Organisation of applicant  (*if different from above*): |  |
| Email address (of applicant): |  |
| Please tick which applies or leave blank if N/A | Sponsor  Clinical Research Organisation (CRO)  Site Management Organisation (SMO) |
| Are you from a public health organisation or university? | Yes, public health organisation |
| Yes, university |
| No |

*The above details will be used to align this form with your application within eProtocol.*

**Nomination of authorised representative(s)**

If no authorised representative has previously been nominated for the study site, complete the below.

Please note that an authorised representative is required to be nominated by the study site and it is the responsibility of this individual to verify the above and any future applicants and confirm their affiliation with the study site. Please see the definition of authorised representative within BA G2.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Email |  | Email |  |
| Phone |  | Phone |  |
|  | | | |

**New Organisations and/or Government Organisations**

If the applicant is registering with an organisation that is new to Bellberry, a government organisation or are conducting research on behalf of/in conjunction with a government organisation, please complete the text box below.

|  |  |
| --- | --- |
| **To be completed by the study site (i.e., the site where the PI is located)** | |
| Organisation address: |  |
| ABN: |  |
| Please confirm whether the name of the organisation as reported by the applicant in the above text box is correct: | |
| Yes  No, please provide correct name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Please provide details of the study**

|  |  |
| --- | --- |
| Application ID\* for existing study or brief study title for a new application:  \*If there are multiple current Application IDs, please list. |  |
| Please outline approximate time frame for expected commencement of the study: |  |
| Is this a government departmental study or are you conducting research on behalf of (or in conjunction with) a government organisation? | Yes, please provide further information: |
| No, not applicable. |

**The following must be completed by the authorised representative:**

I, ………………………………………………… confirm that the above applicant is an employee/affiliate

of

…………………………………………………… and consent to the above applicant being linked to this organisation within eProtocol.

Signature: ………………………………………………… Date: ….......................

Please email the completed form to [bellberry@bellberry.com.au](mailto:bellberry@bellberry.com.au).

Verification of user ID and password will be issued by separate email.