23 July 2020

[name]
[address]
[address]

Dear Research Governance Officer,

**Re: External researcher conducting study activity at [insert NSLHD site/s and Department] for [Insert full title]**

Please accept the following documents to allow **[insert full name]** who is an employee of **[insert employer]** to conduct research activity for the above mentioned study:

[ ]  Signed NSW Code of Conduct and Confidentiality Agreement for External researchers Form

[ ]  Copy of scope of liability insurance, along with certificate of currency

[ ]  Copy of National police criminal record check identification checklist

[ ]  National police criminal record check consent form

OR

A copy of a national police certificate obtained within the last three years and;

A [**Statutory**](http://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office/Pages/Not-on-menu/External-Researchers.aspx) **Declaration** relating to any offences committed since the date of the Certificate.

[ ]  Copies of identification listed in NPC identification checklist

[ ]  Vaccination policy checklist and supporting documents

**THIS IS A NOTE ONLY. THIS BOX SHOULD BE REMOVED PRIOR TO SUBMISSION**

Supporting documents are required if the external researcher is considered **Category A**. Refer to [PD2020\_0017](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_017.pdf) INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

Vaccination category is determined by consulting the vaccination risk categorisation for external researchers form.

I can confirm that the external researcher will report to **[local supervisor, position and department]** whilst conducting any study activity and will be the responsibility of **[insert department]**.

Whilst located at **[insert NSLHD site/s and Department]** the researcher will be completing the following activities:

* [broad description]
* [broad description]
* [broad description]

It is anticipated that **[Researchers name]** will be onsite conducting study activity for:

* Add timeframe/ number of times/ schedule of onsite visits

Yours sincerely,

[PI]

[department name]

**External Researcher Acceptance**

**Re: External researcher conducting study activity at [insert NSLHD site/s and Department] for [Insert full title]**

I, **[Insert full name]** have read and understood the above.

I understand that Iwill remain an employee of **[name of employer]** during my time on site and will be covered for workers compensation and public liability by **[name of employer]**.

Should I be involved in a workplace incident whilst at **[insert NSLHD site]**, I will ensure this is reported to my manager at **[name of employer]** as well as **[local supervisor name]**.

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 *Signature Date*