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*