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| REQUEST to open a Health nz Southern  Research Project Account |

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| Project | | | | | | | | | | | | | | | | | | | | | |
| Project Title: | | | | |  | | | | | | | | | | | | | | | | |
| Account Name *(max 30 characters)*: | | | | | | | | | | |  | | | | | | | | | | |
| Is Invoice recipient registered for GST? Yes  No *(Check Schedule 2 of CTRA or ask HRS)* | | | | | | | | | | | | | | | | | | | | | |
| Sponsor/CRO/Funder: | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Health NZ Southern approval to set up account | | | | | | | | | | | | | | | | | | | | | |
| Directorate: | | | |  | | | | | | | | | | | | | | | | | |
| Service: |  | | | | | | | | | | | | | | | | | | | | |
| Research Group: | | | | | |  | | | | | | | | | | | | | | | |
| Service Manager: | | | | | |  | | | | | | | | | | | | | | | |
| Service Manager  Signature: | | | | | |  | | | | | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Contacts | | | | | | | | | | | | | | | | | | | | | |
| 1)Account Holder: | | | | | | | |  | | | | | | | | | | | | | |
| Phone No: | | |  | | | | | | | | | | Email: |  | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | Date: |  |
| 2)Authoriser (if different from Account Holder): | | | | | | | | |  | | | | | | | | | | | | |
| Phone No: | | |  | | | | | | | | | Email: | | |  | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | Date: |  |
| 3)Account queries to be sent to: | | | | | | | | | | |  | | | | | | | | | | |
| Phone No: | | |  | | | | | | | | | Email: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Monthly Report to be sent to: | | | | | | | | | | | | | | | | | | | | | |
| Email #1: | |  | | | | | | | | | | | | | | | | | | | |
| Email #2: | |  | | | | | | | | | | | | | | | | | | | |
| ⇨***Please complete all the details above and send to*** [*hrs@otago.ac.nz*](mailto:hrs@otago.ac.nz) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Research Project Account Number: | | | | | | |  | | | | | | | | | | | Date set up: | | |  |
| Name: |  | | | | | | | | | | | | | | | Signature: |  | | | | |
|  | | | |  | | | | | | | | | | | | | | |  | | |

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.