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| **REQUEST to open a health nz Southern**  **Research GROUP Account** |

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| **Group Information** | | | | | | |
| Research Group Account Name: | | | |  | | |
| Contact Person: | |  | | | | |
| Phone Number: |  | | | | Email: |  |
| Clinical Discipline(s) covered by this account: | | |  | | | |
| Health NZ Southern  Directorate: | | |  | | | |
| Department/Service: | | |  | | | |

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| **Authorisers -note: two Principal Investigators must sign this form** | | | | | | | | | |
| Principal Investigator 1: | | | | | |  | | | |
| Location: | |  | | | | | | | |
| Email: |  | | | | | | | | |
| Signature: | | |  | | | | Date: | |  |
|  | | | | | | | | | |
| Principal Investigator 2: | | | | | |  | | | |
| Location: | |  | | | | | | | |
| Email: | |  | | | | | | | |
| Signature: | | |  | | | | Date: | |  |
|  | | | | | | | | | |
| Service Manager: | | | | |  | | | | |
| Signature: | | |  | | | | Date: |  | |
| Other Authoriser: | | | |  | | | | | |
| Signature: | | |  | | | | Date: |  | |
|  | | | | | | | | | |
| **Monthly Report to be sent to:** | | | | | | | | | |
| Email #1: | | hrs@otago.ac.nz | | | | | | | |
| Email #2: | |  | | | | | | | |

⇨ *Please complete the above details and forward to:*

Health NZ Southern Accounts & Finances [financialaccounting@southerndhb.govt.nz](mailto:financialaccounting@southerndhb.govt.nz)

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|  | | | | |  | |
| **Research Account Number:** | |  | | | **Date set up:** |  |
| **Name:** |  | | **Signature:** |  | | |
|  | | | | |  | |

⇨ Please return form to:[*hrs@otago.ac.nz*](mailto:hrs@otago.ac.nz)

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>.