**NURSING RESOURCE DECLARATION**

# Instructions

# Send this completed form to the relevant Nurse Unit Manager (if one ward involved) or Clinical Service Director (if more than one ward within a department is involved), for signing. If the research impacts more than one nursing department then the Director of Nursing Research also needs to sign.

# Send the fully signed Nursing Research Declaration to nursingresearch@alfred.org.au for review/sign-off. Include relevant documents e.g. protocol, PICF, low risk application form.

# Include the fully signed Nursing Research Declaration with the submission to the Office of Ethics & Research Governance.

# Following ethics approval and/or site authorisation send a copy of the Alfred Hospital Ethics Committee certificate of approval or Alfred site authorisation letter to the Nurse Unit Manager.

# Project details:

**Expected completion date:**

**Expected commencement date:**

**Phone number/ extension:**

**Email:**

**Principal Investigator:**

**Department:**

**Title of project/ study:**

# Description of the nursing resources required. (Attach extra page if necessary).

*Use this section to include as much detail as possible to enable Nursing Research to adequately assess the impact on nursing resources. For example, where the research will take place, number of nurses involved, nature of involvement, is it part of routine patient care or specific to the study, estimated nursing time required, number of patients requiring admission, number of admissions/patient, length of admissions, number of admissions/year etc.*

**Declaration (highlight the role of the person who will sign):**

**Nurse Unit Manager (If research impacts one nursing unit only)**

**Clinical Service Director (If research impacts one nursing department e.g. surgical wards & OT)**

**Director of Nursing Research (If research impacts more than one nursing department e.g. surgical and medical wards)**

* I certify that I have read the research project application named above.
* I certify that I have discussed this research project and the resource implications for this department with the Principal Investigator.
* I certify that all staff from my department involved in this research project have the skills, training and experience necessary to undertake their role.
* I certify that there are suitable and adequate facilities and resources for the research project to be conducted at this site.
* My signature indicates that I support this research project being carried out using such resources.

**Nurse Unit Manager:**

**Name:**

**Date:**

**Signature:**

**Clinical Service Director:**

# Name: Date:

**Signature:**

**Director of Nursing Research**

# Name: Date:

# Signature

**Nursing Research Review** **project approval**

I have read the application and confirm that this project has been developed and will be conducted in accordance with relevant Alfred Health standards, policies and codes of practice; has research merit; has adequate resources and appropriate leadership supervision.

Name:

Position:

Signature: Date:

# *Nursing Resource Declaration – Version 2021*