# Research Fee Template

Invoicing details for ethics and governance/site specific assessment (SSA) applications. This fee template applies for all submission that are **not** sponsored or led by a Queensland Health Hospital and Health Service (HHS). Please refer to the [Schedule of Fees](https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/c73758c6-a04c-49d7-89f3-a46191fea563/gchhs-schedule-of-research-application-fees-2024-2025.pdf?ETag=d06f51802162c0ded65ef96c908ffc79) for definitions and clarify around exemptions or when fees may not apply.

#### 1. Research submission details

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title** |  | | |
| **Principal Investigator** |  | | |
| **Project No./ERM No.** |  | **Site Number** (if applicable) |  |
| **Sponsor/Lead Institution** |  | **Protocol No.** |  |

#### 2. Invoice details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Sponsor responsible for payment /** to be addressed on the invoice |  | | |
| **Contact Name** (for Invoices) |  | **Contact No.** |  |
| **Company Address** (must be an Australian address) |  | | |
| **Email Address** |  | | |
| **Sponsor/Lead Institution ABN** |  | | |
| **Instructions for invoicing** | PO Number (If Applicable): | | |
| **Sponsor Confirmation** | *I confirm the above information is correct and authorise payment on receipt of a valid tax invoice* | | |
| **Signed** |  | **Date** | Click or tap to enter a date. |

#### 3. Submission type

| **Select** | **Commercially Sponsored** | **$ Amount\*** |
| --- | --- | --- |
|  | Ethics Review New Application | 6,000 |
|  | Ethics Review Major Amendment | 850 |
|  | Ethics Review Minor Amendment | 500 |
|  | SSA Review New Application | 6,000 |
|  | SSA Review Major Amendment | 850 |
|  | SSA Review Minor Amendment | 500 |
| **Select** | **Collaborative Research Group (CRG)** | **$ Amount\*** |
|  | Ethics Review New Application | 700 |
|  | Ethics Review Addition of a site | 150 |
|  | Ethics Review Amendment | 150 |
|  | SSA Review New Application | 700 |
|  | SSA Review Amendment | 150 |
| **Select** | **University Initiated** | **$ Amount\*** |
|  | Ethics Review New Application | 700 |
|  | Ethics Review Amendment | 150 |
|  | SSA Review New Application | 700 |
|  | SSA Review Amendment | 150 |
| **Select** | **Discretionary fee** | **$ Amount\*** |
|  | Ethics - Justification |  |
|  | Research Governance - Justification |  |
|  | Signature: |  |

This is not an Invoice or Payment Advice (\*fees are inclusive of GST).

**Please upload this form with the relevant ethics/SSA submission via Ethical Review Manager (ERM). Failure to upload the form will delay review of the submission.**

Please refer to the GCHHS Schedule of Research Application Fees for further information regarding the fee structure and definitions. GCHHS sponsored/led submissions are exempt from fees.

www: [Ethics and Governance | Gold Coast Health](https://www.goldcoast.health.qld.gov.au/research/researchers/ethics-and-governance)