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| Gold Coast Hospital and Health Service |

Research Governance Leader

Research Office

Gold Coast Hospital and Health Service

1 Hospital Boulevard   
SOUTHPORT QLD 4215

Dear Research Governance Leader,

**Project title**: TITLE

I would like to advise my support for this project to be undertaken at the Gold Coast Hospital and Health Service.

The project aims to …

I certify that I have discussed this project and the resource implication for this Department, with INSERT RESEARCHERS NAME.

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.

I declare that I am not a member of the research team. *Please note, support cannot be provided by a member of the research team.*

Name of Department: INSERT

Name of Head of Department: INSERT

Signature:

Date: