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| Gold Coast Hospital and Health Service |

Human Research Ethics Committee

Gold Coast Hospital and Health Service

1 Hospital Boulevard   
SOUTHPORT QLD 4215

Dear Chair,

**Project title**: TITLE

I would like to advise my support for this quality activity OR case study *(delete whichever is appropriate)* to be undertaken at the Gold Coast Hospital and Health Service.

The project aims to …

I certify that I have discussed this activity and the resource implication for this department, with INSERT INVESTIGATOR’S NAME.

I certify that there are suitable and adequate facilities and resources for the activity to be conducted at this site.

My signature indicates that I support this activity being carried out using such resources.

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

Name of Department: INSERT

Name of Head of Department: INSERT

Signature:

Date: