HRS ID:

|  |
| --- |
| **REQUEST to open a Te Whatu Ora - Southern** **Research GROUP Account** |

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

|  |
| --- |
| **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:*

Te Whatu Ora - Southern Accounts & Finances financialaccounting@southerndhb.govt.nz

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

⇨ Please return form to:*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>.