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| Equipment Funding- Application Form Australian Teletrial Program Victoria (ATP-VIC) |
| **Complete this form and email to RCCC-VIC at** **rccc@safercare.vic.gov.au** For any questions, please contact rccc@safercare.vic.gov.au or 0499810778 |
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| **Section 1- Applicant Details**  |
| Name of applicant  | Enter Name  |
| Role  | Enter Role  |
| Organisation  | Enter Organisation  |
| Department | Enter Department |
| Contact Details:  | Enter Email  |
| Enter Phone Number  |

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| **Section 2- Equipment Details**  |
| Description of equipment requested | Enter Details  |
| Justification (Is this equipment essential for meeting upcoming teletrial milestones and attracting new teletrial opportunities?) | Enter Details  |
| Procurement timeline (must be three months from funding approval) | Enter Details  |
| Required attachments | [ ] Quote for equipment acquisitions attached |
| Total amount requested |  |

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| **Section 3- Approvals and Declaration**  |
|  **I have read and understood the conditions attached to the granting of this Equipment Funding and:** [ ] I certify that the equipment will be used solely for clinical trials activities.[ ] I confirm that the site has not received support under the same initiative[ ] I confirm that the site can support the running costs and maintenance of the equipment going forward.**Name of applicant Signature of applicant: Date:** |

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| **Section 4- Director of Research or Delegate Endorsement**  |
| **Name Signature: Date:** |

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| To receive this document in another format, phone 0499 810 778, using the National Relay Service 13 36 77 if required, or email Regional Clinical trial Coordinating Centre (RCCC-VIC) <rccc@safercare.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, May 2025. |