



CAHS HREC & Governance Payment Form

TAX INVOICE ABN: 37 180 581 224

Date:		Sponsor Name:	
RGS No:		Sponsor Email:	
Principal Investigator:		Sponsor ABN:	
Project Title:			

Select Option	HREC REVIEW	\$ Amount (inc GST)
<input type="checkbox"/>	New Applications (including submissions under NMA where CAHS is the lead HREC)	\$3,850
<input type="checkbox"/>	HREC Review on behalf of each additional site (please provide number of sites):	\$660
<input type="checkbox"/>	Review of an Amendment (excluding extensions up to further 3 years)	\$660
<input type="checkbox"/>	Further review of an amendment (requirement for resubmission of amendment)	\$320
<input type="checkbox"/>	Applications submitted for the Low and Negligible Risk (LNR) ethics review pathway	\$275
TOTAL		\$

Select Option	RESEARCH GOVERNANCE REVIEW	\$ Amount (inc GST)
<input type="checkbox"/>	New Applications	\$3,850
<input type="checkbox"/>	Review of an Amendment (excluding extensions up to further 3 years)	\$660
<input type="checkbox"/>	Review of Governance Only Amendment	\$660
<input type="checkbox"/>	Further review of an amendment (requirement for resubmission of amendment)	\$320
TOTAL		\$

PLEASE SUBMIT COMPLETED FORM WITH YOUR RGS SUBMISSION

Payment Methods

Option 1: Credit Card (Please quote RGS No. as reference)

Visa Master Card

Credit Card Number															

Expiry Date			

CCV		

Amount \$	Name on Card	Signature
\$		

Email address for receipt

Option 2: EFT Transactions (Please quote RGS No. as reference)

Date of Transaction:

Transaction Number Details:

Amount \$	Reference (RGS No.)
\$	

The Child and Adolescent Health Service bank details

Bank: Commonwealth Bank
 Account Name: Child and Adolescent Health Service Operating Account
 BSB: 066 040
 Account: 1330 3614
 Swift Code: CTBAU2S





Option 3: Internal Cost Centre transfer

Cost Centre No:	Cost Centre Manager	Cost Centre Manager Signature	Amount \$
			\$

*If selecting this option, please liaise directly with CAHS RGO.

CAHS HREC Payment Terms

- CAHS HREC / Governance Payments are payable **in full** at the time of the initial submission of a project or amendment.
- HREC Payments are non-refundable after the review has taken place.
- All payments that are submitted to CAHS Research must be completed using the above form and submitted in RGS with the application / monitoring amendment.
- CAHS does not issue a separate invoice for payment of fees.
- A receipt of payment will be issued upon payment to the nominated email.

Research Office & Finance Only

Ethics / Governance team to send completed payment form to:

Option 1: Credit Card Payment send to: pch.receipting@health.wa.gov.au

Option 2: EFT Transactions send to: cahs.financialaccounting@health.wa.gov.au

Option 3: Internal Cost Centre transfer send to: cahs.researchbusinesssupport@health.wa.gov.au

Cost Centre	Account
0301941	731500

Relevant Finance team to process payment and issue receipt to sponsor via email and cc: CAHS.RGO@health.wa.gov.au & CAHS.Ethics@health.wa.gov.au

Finance team to please reference RGS Number on receipt (found at the top of this form).

LAST UPDATED: FEB 2024

