**ECU Clinic Space and Research Application Form[[1]](#footnote-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | | |
| **School / Research Centre** |  | | |
| **Title of program, service or research project** |  | | |
| **Program / service / research study outline** | *[Provide an outline of the program, service, or research study, including how the Clinic Space and/or Research Principles will be met; goals and outcomes; any external partners, etc.]* | | |
| **Intended usage of clinic space** | *[Insert information on how ECU Clinic Space will be utilised, e.g. client consultations, service delivery, small group workshops, research studies, etc.* ***For research studies which* don’t *require access to Clinic Space, write ‘N/A’****]* | | |
| **Room/s required** | *[Insert information on room/s required (see Appendix One: ECU clinic space floor plan). Specify consult room/s, group room/s, offices, and any hot desks required. Specify if the program/project requires special equipment to be used.* ***For research studies which* don’t *require access to Clinic Space, write ‘N/A****’]* | | |
| **Period of access required / research study period** | From: | *[Include specific times and dates]* | |
| To: |  | |
| **Project/program staff / research investigators involved** | Project / program leader / Chief Investigator | | *[Insert name, position and contact details]* |
| Project / program staff / additional investigators | | *[Insert name/s, position/s and contact details. Add other rows as required]* |
| **Student involvement** | *[Insert information on anticipated numbers of students involved, disciplines, and any clinical training or HDR supervision involved]* | | |
| **Services to clients / patients** | *[Insert information on services to clients, anticipated numbers, and how clients will be managed, e.g. client data and confidentiality, administration support from relevant School, managing noise levels, etc.]* | | |
| **External funding?** | Y / N *[delete as required]*  *[Insert name of funding agency and amount of funding provided. If this project/program attracts external funding, will funding be provided to support use of the space?]* | | |
| **Provide a statement addressing the clinical governance and risk profile of the project/program.[[2]](#footnote-2)** | | | |
| *[Include confirmation that the relevant School Enterprise and Hazard Risk Registers in RiskWare have been reviewed for strategic/operational risks and WHS hazards related to the activities to be performed at the ECU Health Centre, and have been updated where required.]* | | | |
| ***FOR RESEARCH STUDIES ONLY*:** | | | |
| **Participant recruitment** | *[Insert details of participant recruitment methodology/ies, e.g., utilisation of* [*Research Register*](https://www.ecu.edu.au/ecu-health-centre/research-register)*, distribution of recruitment material at Centre, approval from Psychological Services Centre Coordinator to utilise PSC client database, if required]* | | |
| **Ethics Committee and approval number** | *[Insert name of relevant Ethics Committee/s (ECU internal and external, if applicable)]* | | |
| *[Insert approval number]* | | |

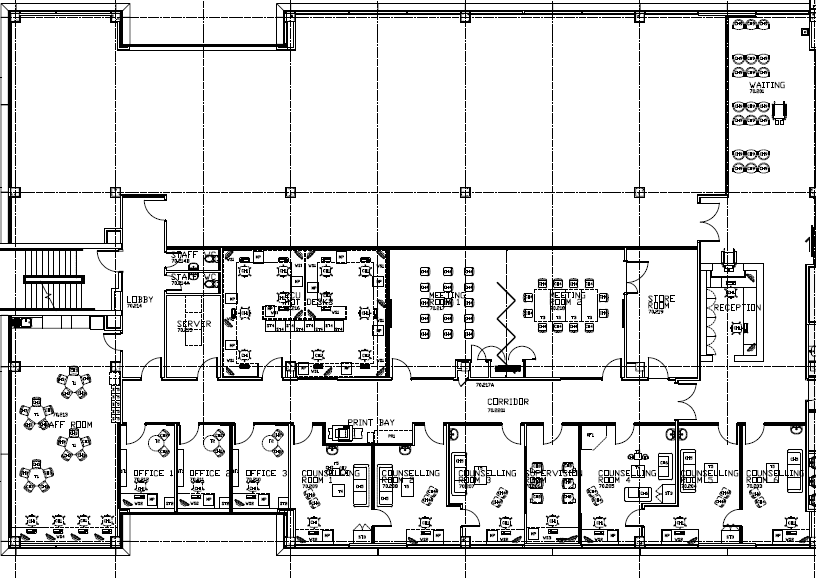
|  |
| --- |
| **ENDORSEMENT** |
| **EnDORSED: …………………………………………………………**  **[*INSERT EXECUTIVE deaN[[3]](#footnote-3) / associate dean (resEarch) and School / research centre here*]**  **DATED: / / 2023** |

**Return completed application form to:**

[**ecuhealthcentre@ecu.edu.au**](mailto:ecuhealthcentre@ecu.edu.au)

|  |  |
| --- | --- |
| **ECU HEALTH CENTRE COMMITTEE APPROVAL** | |
| **APPROVED: …………………………………………………………**  **PROFESSOR MOIRA SIM, Chair, ecu health centre committee**  **DATED: / / 2023** | Approved  Not Approved |

**ECU CLINIC SPACE FLOOR PLAN**



**GROUP ROOM #2**

**GROUP ROOM #1**

**STAFF ROOM – shared kitchen/lounge for staff, students and ECU Health Centre tenants.**

**CONSULTING ROOMS**

**(1, 2, 3, 4, 5, and 6)**

**Desk and lounge furniture for counselling purposes. Each room has a hand-basin. Viewing Room has a 2-way mirror for observation into consulting rooms 3 and 4.**

**OFFICES - ECU Psychological Services Centre staff and approved users**

**3**

**5**

**6**

**4**

**VIEWING ROOM**

**1**

**2**

**SHARED WAITING ROOM**

**RECEPTION**

**Storage Room for records and equipment used in Group Rooms**

**ECU Hot Desks**

**11m²**

**55m²**

**34m²**

**34m²**

**34m²**

**20m²**

**20m²**

**20m²**

**15m²**

**23m²**

**21m²**

**18m²**

**13m²**

**36m²**

**50m²**

**36m²**

**36m²**

**22m²**

1. This document is to be viewed in conjunction with the document [*ECU Health Centre Clinic Space Guidelines*](https://www.ecu.edu.au/ecu-health-centre/education-and-training)*.* Please allow **two weeks** for the processing of applications. [↑](#footnote-ref-1)
2. For risk assessment and management, see ECU’s [Integrated Risk Management Framework](https://intranet.ecu.edu.au/staff/centres/strategic-and-governance-services/our-services/risk-and-assurance/risk-management/risk-management-framework). For clinical governance resources, refer to the Australian Commission on Safety and Quality in Health Care [Clinical Governance](https://www.safetyandquality.gov.au/our-work/clinical-governance). [↑](#footnote-ref-2)
3. *For School of Medical and Health Sciences applicants only*: For non-research related programs and services, approval should be from the relevant Associate Dean (Discipline). For research projects/studies, approval should be from the Associate Dean (Research). [↑](#footnote-ref-3)