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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**](mailto:rccc@safercare.vic.gov.au)  For any questions, please contact [rccc@safercare.vic.gov.au](mailto: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 |

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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)](mailto:rccc@safercare.vic.gov.au) <rccc@safercare.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, March 2025. |