

Statistical Consulting Service Application Form

Section A (to be completed by Applicant)

Family Name:	
Title:	
Given Names:	
Position:	
Mailing Address:	
Monash Health Department:	
Monash Health Role:	
University Department:	
Email:	
Telephone - BH:	
Telephone - AH:	

Type of service required:

<input type="checkbox"/>	Study Design Advice / Sample Size Calculation
<input type="checkbox"/>	Statistical Analysis
<input type="checkbox"/>	Other eg Grant writing, Hypothesis Testing (specify): _____

Applicant to Sign and Date Below

Signature: _____ **Date:** _____

Certification by the applicant's Head of Department or Research Director (as applicable):

- I certify that I have read this application and my signature indicates that I support this Applicant; and
- I certify that the proposed research project is appropriate to the general facilities of my department; and
- I am prepared to have the research project carried out within the department; and
- I agree to release the applicant from usual duties to undertake the research project

Name of Head of Department/ Research Director (or appropriate person):

Name of Department (or relevant section):

Signature: _____ **Date:** _____

Section B (office use only)

Hours of service provided: (over 2 hours will incur costs – see website)

Hour 1	
Hour 2	
Hour 3	
Hour 4	
Hour 5	

Hour 6	
Hour 7	
Hour 8	
Hour 9	
Hour 10	

Remarks:

Signature: _____

Date: _____