Payment of compensation

This form should be completed for all trials. A PDF version should be uploaded as a supporting document.

Please ensure that the IRAS ID, Document Date and Version have been completed.

|  |  |
| --- | --- |
| 1. | **Will compensation be offered? (select only one box)**  No  Please explain why not Click or tap here to enter text.  Yes  Please complete sections 2 - 5 |
| 2. | **Who will compensation be offered to?**  Subjects  Parent/carer  Legal representatives  Other  Please state Click or tap here to enter text. |
| 3. | **What will be the format of the compensation? (select all boxes that apply)**  Travel expenses  Accommodation expenses  Meal expenses  Loss of earnings  Monetary payment  State how much Click or tap here to enter text.  Non-monetary payment  Please state Click or tap here to enter text.  Other  Please state Click or tap here to enter text. |
| 4. | **Describe arrangements for how any compensation will be paid/provided**  Click or tap here to enter text. |
| 5. | **Are there any conditions attached to the payment of compensation? (for example, where the full trial or stages of the trial must be completed)**  No  Yes  If yes please describe below  Click or tap here to enter text. |