![JCU_Logo_RGB[1]_NEW]()REQUEST FOR AMENDMENT

 FOR RESEARCH OR TEACHING INVOLVING HUMANS

**Human Research Ethics Committee**

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|  | HUMAN ETHICS APPROVAL NUMBER | H |
| ***Please email one pdf file of this amendment (amendment form and all attachments in one pdf document) to*** ***ethics@jcu.edu.au******. If it is not submitted in one pdf file it will not be accepted. A hard copy is not required.***  |
| 1 | TITLE OF PROJECT |  |
| 2 | CATEGORY |  |
| 3 | PERIOD DURING WHICH ACTIVITIES REQUIRING ETHICS APPROVAL OCCURRED |
|  | COMMENCEMENT DATE |  | FINISH DATE |  |
|  |
| 4 | PRINCIPAL INVESTIGATOR’S DETAILS |
|  |  |  |  |  |
|  | Last Name, First name and Title | ESN[[1]](#endnote-1) | ORGU | Discipline/College or Institution (Country) |
|  |  |  |  |  |
|  | Email | Phone | Fax |
|  |  |  |  |

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| 5 DESCRIPTION OF PROPOSED AMENDMENT:  |
| Please provide details of the proposed amendment, i.e. extension of time, changes to protocols, methodology, additional investigators and additional subject groups. |
|  |
| 6 JUSTIFICATION OF PROPOSED AMENDMENT: |
| Please justify why this amendment is necessary to the study. |
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| 7 CHANGES IN RESEARCH TEAM: |
| Please provide details of any changes to the investigators of the project. |
|  | DETAILS of CO-INVESTIGATOR 1 (if applicable) |
|  | Last Name, First name and Title | ESN 1 | ORGU | Discipline/College or Institution (Country) |
|  |  |  |  |  |
|  | Email | Phone | Fax |
|  |
|  | DETAILS of CO-INVESTIGATOR 2 (if applicable) |
|  | Last Name, First name and Title | ESN 1 | ORGU | Discipline/College or Institution (Country) |
|  |  |  |  |  |
|  | Email | Phone | Fax |
|  |  |  |  |

|  |  |
| --- | --- |
| 8 | SUPERVISOR DETAILS (if applicable) |
|  | Last Name, First name and Title | ESN 1 | ORGU | Discipline/College or Institution (Country) |
|  |  |  |  |  |
|  | Email | Phone | Fax |
|  |  |  |  |
|  | Qualifications |  |
| 8a | DETAILS of SUPERVISOR 2 (if applicable) |
|  | Last Name, First name and Title | ESN 1 | ORGU | Discipline/College or Institution (Country) |
|  |  |  |  |  |
|  | Email | Phone | Fax |
|  |  |  |  |
|  | Qualifications |  |

**9 DECLARATION OF PRINCIPAL INVESTIGATOR – MUST BE SIGNED BY THE PRINCIPAL INVESTIGATOR**

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| * I declare that all investigators of this research PROJECT are qualified and authorised to perform procedures described in this document;
* I certify that the assistants involved in this PROJECT have been fully briefed on procedures and relevant ethical considerations;
* I am aware of the responsibilities set out in the relevant legislation;
* I undertake to inform the Human Research Ethics Committee (HREC) of any changes to the proposed procedures or details given in this form subsequent to its submission (including change of contact details);
* I agree to assist the Committee to monitor the conduct of research by completing and promptly returning an annual report and provide a final report upon completion of the PROJECT as appropriate;
* This PROJECT complies with the National Health and Medical Research Council “National Statement on Ethical Conduct in Human Research, 2007”.
* The purpose of this PROJECT cannot be achieved by alternatives to the use of human participants.
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| Signature *(Principal Investigator)* | Date |

**10. DECLARATION by SUPERVISOR(S) - SUPERVISOR/S MUST SIGN. IF THE PRINCIPAL INVESTIGATOR IS A JCU STUDENT AND AT LEAST ONE SUPERVISOR MUST BE A JCU SUPERVISOR)**

|  |
| --- |
| I/We: APPROVE THE ABOVE LISTED AMENDMENT* Certify that the investigators and assistants involved in this PROJECT have been fully briefed on procedures and relevant ethical considerations;
* Am aware of the responsibilities set out in the relevant legislation (see the Human Ethics Guidelines);
* Adequate instructions have been given for participant welfare and post-PROJECT care and monitoring;
* The staff members involved are appropriately qualified and competent for the task described.
 |
| Signature *(Supervisor)* | Date | Signature *(Supervisor 2)* | Date |

**11. AUTHORISATION by DEAN OF COLLEGE/DELEGATE – THE PRINCIPAL INVESTIGATOR MUST OBTAIN THE SIGNTURE OF THE DEAN/DELEGATE BEFORE SUBMITTING THE AMENDMENT TO THE JCU HREC:**

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| --- |
| I certify that: * Suitable facilities including contingent facilities are available for this PROJECT;
* Adequate instructions have been given for participant welfare and post-PROJECT care and monitoring;
* The staff members involved are appropriately qualified and competent for the task described.
 |
| Signature  | Date |

**ABORIGINAL AND TORRES STRAIT ISLANDER ETHICS ADVISOR’S RECOMMENDATION**

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| * I RECOMMEND that this AMENDMENT be approved, with the comments, provisos and/or reservations below;
* I DO NOT RECOMMEND that this AMENDMENT be approved, for the reasons shown below.
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|  |
| *Name* | Signature  | Date |

1. [↑](#endnote-ref-1)