**JAMES COOK UNIVERSITY**

**ANIMAL ETHICS COMMITTEE**

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**Application for Observational Animal Activities**

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| *Animal Welfare Unit, Biosecurity Qld*  *DAF, Scientific Registration Number: 0013*  *Registered User: James Cook University* | ANIMAL ETHICS NUMBER  *(Office Use ONLY)* | A |
| Please refer to the guidance on observational-only activities.   * If you are unsure whether your planned activities meet the AEC’s criteria for being only observational, please email [ethics@jcu.edu.au](mailto:ethics@jcu.edu.au) for confirmation or submit a full AEC application for review. * If the AEC decides that your activities do not meet the criteria for being observational-only at their meeting, you will need to submit a full application for review, which will delay approval. So please check first with the Ethics Office to confirm. * Note that projects that receive approval using this form, cannot be amended at a later time to include activities that involve more intrusive activities, a new Animal Research Application will need to be submitted to cover these activities. | | |

**1. Project Title**

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**2. Personnel**

**Principal Investigator** **and Experience Conducting these Activities** (and names and experience of student Advisors if applicable)

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| --- | --- |
| **Title first and last names** |  |
| **Email** |  |
| **Discipline, school or organisation** |  |
| **What is your relationship to JCU?** |  |
| **Qualifications** |  |
| **Role**  What will be your role in the project? |  |
| **Experience**  Outline your experience in the role/experience/species used or outline how you will be trained and supervised until competent. |  |

**Academic Supervisor Details (if applicable)**

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| --- | --- |
| **Title first and last names** |  |
| **Email** |  |
| **Discipline, school or organisation** |  |
| **What is your relationship to JCU?** |  |
| **Qualifications** |  |

**Co-investigators and Volunteers and Experience – names of co-investigators and any known volunteers who will be involved** Copy and paste more tables if required, or delete tables that are not used.

|  |  |
| --- | --- |
| **Title first and last names** |  |
| **Email** |  |
| **Discipline, school or organisation** |  |
| **What is your relationship to JCU?** |  |
| **Qualifications** |  |
| **Role**  What will be your role in the project? |  |
| **Experience**  Outline your experience in the role/experience/species used or outline how you will be trained and supervised until competent. |  |

**3. Duration of Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 year | 2 years | 3 years | 4 years | 5 years |

**4. Description of Project – Including aims, purpose, brief overview, benefits including how long the activities will take/surveying will run for, how close researchers will approach the animals**

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**5. Target Species**

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**6. Location(s)** Copy and paste more rows if required

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| --- | --- | --- | --- |
| **Name/approx. location**  Provide the name or general location of the site eg Gaslight Station, Rogers National Park, Ashmore Reef etc | **Type of site**  Choose an option from the list that best fits the site (if more than one is | **State**  If in Australia, what state is the site in? | **Country**  If not I Australis, what country is the site in? |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |

**7. Describe the potential impact on animals (target species and any other animals in the locations) including any environmental impacts**

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**8. Why do you consider these activities to meet the criteria for being observational only activities?**

That is, activities:

* + That involve only observation and recording of information, and
  + Where the animals involved are unlikely to be able to perceive they are being observed, and
  + Where the risk to the animals is negligible and there is nothing more than a minor alteration to the animals’ behaviour, routine or environments as a result.

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**9. Signatures**

**Principal Investigator**

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| **Name:** | **Signature:** | **Date:** |

**Student Supervisor(s)** Copy and paste more rows if required

|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |

**Co-Investigator(s)** Copy and paste more rows if required

|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |

**Dean** (Please ensure the Dean has signed PRIOR to submitting to ethics)

|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |