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| **Notification of Change in Personnel** |
| **INSTRUCTIONS FOR SUBMISSION:**   * This form must be completed and submitted electronically. Handwritten forms will not be accepted. * Please note that for all Change in Personnel requests, please also update the approved application form so that it reflects the current personnel. For deleted personnel please delete them from the application form. For new personnel please copy the relevant table (Associate Investigator or Animal Handler) across to the application form. Please submit a clean and tracked version of the application form together with this Change in Personnel form. * Always download the most current version of the application form directly from the NSLHD Research website. * Only complete applications (e.g. all signatures) can be accepted for review by the AEC. * Submission of incomplete applications will result in applications being returned to the Principal Investigator and may not be reviewed until the next application date. |
| **Email** the complete application to [NSLHD-research@health.nsw.gov.au](mailto:NSLHD-research@health.nsw.gov.au) |

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| **Notification of Change in Personnel** | |
| **Principal Investigator:** |  |
| **Project reference:** |  |
| **Project Title:** |  |

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| **Delete Personnel** | Yes (complete below) | No | |
| Name |  | Date |  |
| Name |  | Date |  |
| Name |  | Date |  |

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| **Add Personnel** | Yes (complete below) | No |

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| **Associate Investigator (duplicate if required)** | | | | | |
| Name |  | | | | |
| Qualifications | Include all degrees and diplomas | | | | |
| Institution | Specify institution of full time employment | | | | |
| Telephone | Work |  | | Mobile |  |
| Email address |  | | | | |
| Department |  | | | | |
| Department Address  (and building code if applicable) | | |  | | |
| Date or expected date of USYD/UNSW/UTS animal ethics course completion | | | Must be completed for all persons named in the application. | | |
| Experience with species and any specific strains being used. | | | Must be completed for all persons named in the application. Even if the persons are not handling the animals, they must be aware of any problems associated with the particular strains being used and how these might affect the results of the experiment. If no experience, describe how relevant experience will be obtained. | | |
| Experience with the procedures being used | | | This section must be completed by all persons who will touch the animals. Experience in all of the procedures that the person will be undertaking must be listed. If no experience, describe how relevant experience will be obtained. | | |

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| **Animal Handler Details (duplicate if required**) *All persons who will touch animals must be listed here* | | | | | |
| Name |  | | | | |
| Qualifications | Include all degrees and diplomas | | | | |
| Institution | Specify institution of full time employment | | | | |
| Telephone | Work |  | | Mobile |  |
| Email address |  | | | | |
| Department |  | | | | |
| Department Address  (and building code if applicable) | | |  | | |
| Date or expected date of USYD/UNSW/UTS animal ethics course completion. | | | Must be completed for all persons named in the application. | | |
| Experience with species and any specific strains being used. | | | Must be completed for all persons named in the application. Even if the persons are not handling the animals, they must be aware of any problems associated with the particular strains being used and how these might affect the results of the experiment. If no experience, describe how relevant experience will be obtained. | | |
| Experience with the procedures being used. | | | This section must be completed by all persons who will touch the animals. Experience in all of the procedures that the person will be undertaking must be listed. If no experience, describe how relevant experience will be obtained. | | |

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| ***I certify that I have read the protocol and understand my obligation****.* | |
| Principal Investigator |  |
| Personnel being added |  |
|  |  |
| Chair NSLHD AEC/Category D |  |
| NSLHD AEC Category B |  |