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| **Animal Teaching Authority - ATA** |
| **Guidance**  Please read the following before submitting the Animal Teaching Authority for approval   * An ATA must be completed for every scheduled course. * An ATA must be completed and submitted for approval by the ACEC Chair 1 month prior to the date of the scheduled course. * The Animal House manager must sign all ATAs before the form is submitted to AEC Chair for approval. Please ensure that you allow enough time for the Animal House Manager to review and provide sign off on any ATAs to be approved. * Please note that the Chief Supervisor must be present for the duration of the course. If this person is not on the approved protocol, you will be required to submit a change in personnel form for approval. * Please note that the anaesthetist must be present for the duration of the course and also until the death of each animal has been confirmed or if the animal has returned to full recovery. If this person is not on the approved protocol, you will be required to submit a change in personnel form for approval. * Delete red guidance text prior to submission |

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| **Course date:** |  |
| **NSLHD Reference Number:** |  |
| **Teaching Project Title:** |  |

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| ***The NSLHD AEC only approves NSLHD AEC committee members, animal house staff, enrolled participants, and the people listed above to be present when animals are being used for teaching under this protocol. It is the chief supervisor’s responsibility to ensure no unauthorised people are present****.* | | |
| Please advise what the minimum and maximum number of participants on each occasion will be enrolled in the course?  *If the minimum number of enrolled people is not present, the NSLHD AEC must be contacted before the course commences to determine a satisfactory resolution.* | | Min: |
| Max: |
| Please advise the number of animals that will be used for this course? Please note that you may only use this amount of animals for this course. | | No: |
| When will the animals be ordered? | Date: Click here to enter a date. | |
| When will the animals be delivered? | Date: Click here to enter a date. | |
| *If this is not within the ratio of numbers of participants to animals outlined in the protocol, an amendment application is required.* | | |

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| **Declaration by the Chief Supervisor**  *I acknowledge that it is my responsibility as the Chief Supervisor to be present for the duration of the course.* | | | |
| Name | Signature | Phone | In original protocol? |
|  |  |  | yes OR amendment attached |

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| **Declaration by the Anaesthetist**  *I acknowledge that it is my responsibility as the nominated Anaesthetist for the above course to be present for the duration of the course and also until the death of each animal has been confirmed or if the animal has recovered fully* | | | |
| Name | Signature | Phone | In original protocol? |
|  |  |  | yes OR amendment attached |

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| **Other personnel (not enrolled in course):**  Please list the names and roles of any other people not enrolled in the course that will be present on the day of the course. If people listed in this section are not on the approved protocol you will be required to submit a change in personnel form for approval. Please do not include animal house staff. | | |
| Position | Name | In original protocol? |
| Coordinator |  | yes OR amendment attached |
| Other supervisor |  |  |
| Technical Officer |  |  |
| Demonstrator |  |  |
| Any other - *specify* |  |  |
| People enrolled in the course must add their name, sign and date the register. | | |

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| **Declaration by Animal House Manager**  *I have discussed this course with the applicant and have indicated that the required animals can be supplied and/or maintained on the dates for which this course is scheduled (cross out if not applicable)* | | | |
| Name | Facility | Signature | Date |
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| **Northern Sydney Local Health District Animal Ethics Committee Chair** | | | |
| **Mr Ed Līdums** |  | **Date** |  |