

**Human Research Ethics Committee**

**Modification Form for Research Project**

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| Please email the completed form to Res.Ethics@acu.edu.auAdditional information is available from the ACU Research Stewardship [website](https://staff.acu.edu.au/our_university/research/research-services/research-ethics/ethical-considerations)Enquiries should be addressed to: Res.Ethics@acu.edu.au or +61(2) 9739 2614.**Modifications to the project may NOT be introduced prior to written approval of the ACU HREC** |

## **Project Details**

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| --- | --- |
| **1.1 Ethics ID** | Click here to enter text. |
| **1.2 Approval End Date** | Click here to enter a date. |
| **1.3 Name of PI / Supervisor and Student Researcher** | Click here to enter text. |
| **1.4 Project Title** | Click here to enter text. |

# 2. PROPOSED MODIFICATIONS TO THE PROJECT

Modifications may include changes to procedures, duration, personnel, recruitment methods, number and type of participants as well as alterations to supporting documents (i.e. questionnaires, participant information materials).

If the proposed amendments do not align with the original research proposal then a new ethics application would be required. If the project is being extended then a new peer review may be required.

**2.1 PROPOSED CHANGES TO THE PROJECT**

Please outline the proposed changes to the project in the table below. *(\*Changes to new research participant groups and personnel are to be outlined in Section 2.2 and/or 2.3.)*

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| --- | --- | --- |
| **What is the proposed modification?** **If no changes other than change to personnel please indicate ‘NIL”.** | **Explain how this differs from what was originally approved and justify the reason for the change.** | **Describe the impact on participants and any ethical issues arising from these changes and how they will be managed.** |
| *SAMPLE - Addition of blood samples to the study protocol.* | *Saliva swabs were included in original protocol and now blood samples are being added. Blood samples will provide more information as to the effectiveness of the treatment being tested.*  | *It will require an additional 5 mins and slight pain for participants. We will ensure that the researchers are qualified to take blood and that safety protocols are adhered to in the handling of blood products and a blood collection protocol is attached.* |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**2.2 RESEARCH PARTICIPANTS**

Complete this section if your modification involves change to participants eg: changes to the numbers, recruitment methods, or type of participant? *Ensure you attach revised participant materials where required (advertisements, updated PICFS etc). Updated materials should be provided with track changes / highlighting so that the HREC reviewers can easily determine what changes have been made.*

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| **Explain the changes to participants.**  | **Explain the changes to recruitment.**  | **What are the ethical / practical considerations that may arise with the inclusion of this new participant group (eg. Identification of any risks)** |
| SAMPLE: We are increasing the number and range of school children and teachers that we are recruiting. | SAMPLE: Independent schools and public schools will be included in addition to Catholic schools. We will follow the same recruitment methods with the addition of a meeting with the community. | SAMPLE: There are no additional ethical issues involved with the inclusion of the new participant groups. We will need to provide evidence of approval from the Independent schools and public schools. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**2.3 RESEARCH PERSONNEL**

**The following changes are requested:**

**2.3.1 ADDITION of research personnel (including students). \*\*Please note, non-research students (eg: onours) will not have an ORION profile yet. To create a profile please go to the Orion Log In page and complete the “Orion Access Request Form”.**

For each new investigator, provide the following information:

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| **NEW INVESTIGATOR****Please ensure the research personnel has an ORION profile**  |
| Name | Click here to enter text. | Phone | Click here to enter text. |
| Email | Click here to enter text. |
| Role in the project | Click here to enter text. |
| School/Institute/campus Position | Click here to enter text. | Staff/Student No. (if known) | Click here to enter text. |
| Academic Title / Qualification relevant to the project | Click here to enter text. |  |  |
| Other information eg Copies of Working with Children Checks. **For validation purposes, evidence/a copy of the Working with Children Checks must be attached to this application and for NSW Date of Birth must be provided.** | Click here to enter text. |

**2.3.2 REMOVAL of research personnel**

The following team members should be removed from the project:

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| Name | Contact details – Phone/email address | Reason for Leaving the Project | Other information  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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# 2.4. Certification by Principal Investigator/ Supervisor (or Project Manager)

**Modifications must be emailed by either the Principal Investigator / Supervisor (or Project Manager). Forms will not be accepted directly from Co-Investigators or students.**

* I certify that the information provided above is an accurate and full account of the modification proposed to the protocols for this research project.
* I understand that the proposed modification is not to be implemented until written approval has been received from the ACU Human Research Ethics Committee.

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| **Name *(block letters)*** |  |  |
| Click here to enter text. |  | **Date** Click here to enter text. |
| Principal Investigator/Supervisor/Project ManagerAn electronic signature is NOT required if this Modification is emailed to res.ethics@acu.edu.au by the PI / Project Manager |

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