Amendment Request Form

Please Note: Amendment submissions are assigned to the WAAHEC meetings. Refer to submission due dates and Committee meeting dates.

Email your Amendment Request Form and any attachments to: ethics@ahcwa.org

Please provide the information in the table.

|  |  |
| --- | --- |
| WAAHEC Reference |  |
| Chief Investigator |  |
| Chief Investigator phone |  |
| Chief Investigator organisation |  |
| Chief Investigator email |  |
| Project Title |  |
| Approval date of project |  |

Type of Amendment Request

|  |  |  |
| --- | --- | --- |
| Extension of TimeComplete Section 1 & 4 | Change of PersonnelComplete Section 2 & 4 | ProjectComplete Section 3 & 4 |

Section 1

Extension of Time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extension of time | From |  | To |  |

***\*Please submit all documents (including updated revisions) and Amendments (Approvals).***

|  |
| --- |
| Provide Letters of support |
| Demonstrate evidence of the engagement with Aboriginal and/or Torres Strait Islander Peoples |  |

Section 2

Change of personnel

Additional researchers / co-investigators, including students

[Insert additional rows for additional investigators]

***If the research recruits participants under 18 years of age, please provide the Working with Children (WWC) Check.***

|  |
| --- |
| Addition of Investigator  |
| Title and Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Is the investigator of Aboriginal and/or Torres Strait Islander origin? |  |

|  |
| --- |
| Researchers no longer work on this project, including students  |
| Researcher | Title, given name, and family name | Date no longer associated with project |
| 1 |  |  |  |
| 2 |  |  |  |

Section 3

|  |
| --- |
| Provide details of the changes. Recommend dot points. |
| All changes to the project: |  |

|  |
| --- |
| Provide reasons why the changes are necessary. |
| Summarise reasons for changes: |  |

|  |
| --- |
| What changes will be required to existing project documents (e.g. information and consent forms, etc.)Attach copies of modified documents to this Amendment application. |
| Impact on project documents: |  |

|  |
| --- |
| Indicate any potential inconveniences, discomforts, harms or risks to participants. |
| Potential impacts on participants: |  |

|  |
| --- |
| Indicate any additional actions or support that you need to provide as a result of the changes. |
| Actions taken to manage risk: |  |

Location of research project implementation:

Please provide name/s of town/s, city/cities, region/s or whether state-wide.

|  |
| --- |
| Provide Letters of support |
| Demonstrate evidence of the engagement with Aboriginal and/or Torres Strait Islander Peoples |  |

Section 4

|  |
| --- |
| You cannot implement the requested changes before you receive formal approval from the WAAHEC |
| Expected date of implementation: |  |

Please include details of other Investigators involved in this research project.

|  |  |  |
| --- | --- | --- |
| Title and Name | Email | Is the investigator of Aboriginal and/or Torres Strait Islander origin? |
|  |  |  |
|  |  |  |
|  |  |  |
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Please provide name/s of town/s, city/cities, region/s or whether state-wide.

|  |  |  |
| --- | --- | --- |
|  | **Region** | **Specify the towns or communities in the Region** |
|  | Kimberley  |  |
|  | Pilbara |  |
|  | Murchison Gascoyne/Midwest  |  |
|  | Perth Metro |  |
|  | Central Desert |  |
|  | Goldfields |  |
|  | Great Southern  |  |
|  | Wheatbelt  |  |
|  | South West  |  |
|  | Other – Please list (Provide name/s of town/s, city/cities, ACCHS, communities, region/s) |  |
|  | State Wide |  |
|  | National |  |
| Please list communities:  |

Provide Ethic approvals

|  |  |
| --- | --- |
| Name of Institutional Ethics Committee | Date submitted/Outcome  |
| 1. |  |  |
| 2. |  |  |

Documents for the Project

It is important to accurately name the attachments as you want them to appear in the Amendment approval letter.

* Do not include special characters in file names.
* Ensure version control

|  |  |
| --- | --- |
| Attachment Type | Attachment Name (include version) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

DECLARATION:

|  |  |  |
| --- | --- | --- |
| I certify that the information given above is correct to the best of my knowledge. I acknowledge that I must notify the Western Australian Aboriginal Health Ethics Committee if there are any ethically relevant variations. | Yes | No |
| *I understand that the assessment of this amendment by WAAHEC is determined by the submission due dates and the amendment will not be considered until the next meeting. (refer to submission dates* [*https://www.ahcwa.org.au/sector-support/waahec/*](https://www.ahcwa.org.au/sector-support/waahec/)*)* | Yes | No |
| Once completed please return this Amendment to the WAAHEC secretariat via email: ethics@ahcwa.org | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Chief Investigator |  | Dated |  |