**AMENDMENT REQUEST TO THE**

**ABORIGINAL HEALTH & MEDICAL RESEARCH COUNCIL**

**HUMAN RESEARCH ETHICS COMMITTEE**

NSW

(Please note you must attach clean and track-changed documents that you will be amending or adding)

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| **AH&MRC HREC Reference Number:** |  |
| **Full project title:** |  |
| **Protocol version number:** |  |

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| --- | --- |
| **Chief Investigator:** | |
| **First Name:** |  |
| **Last Name:** |  |
| **Address:** |  |

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| **Please specify if the amendment is related to any of the following:** | **Please complete:** |
| **Project staff/Researchers:**  🞎 Yes  🞎 No | *New researchers, project staff, etc.*  *You will need to submit:*   * *CV* * *Description of what they will be working on* * *Identify if they are Aboriginal and Torres Strait Islander*   **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |
| **Adding a student project:**  🞎 Yes  🞎 No | *You will need to submit:*  *• A CV for the student*  *• A project protocol for the student project*  *• An updated research protocol for the overarching project*  *• Letter outlining how the project fits within the existing project approved by ethics*  *• Any other documents which need amendments because of the addition of the student*  **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |
| Additional methods:  🞎 Yes  🞎 No | *Includes:*  *• Updated research protocol with new methods (included background, method description, recruitment process, data collection, researchers involved analysis, governance).*  *• Letter with justification for the new method.*  *• Any new materials which are needed to support the new methods such as recruitment flyer, PIS, Consent form, letters of support from ACCHOs or other services.*  **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |
| Aboriginal Organisation:  🞎 Yes  🞎 No | **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |
| Aboriginal Reference Group:  🞎 Yes  🞎 No | **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |
| Other:  🞎 Yes  🞎 No | **If yes,** please explain in detail and provide supporting documents:  **If no, please delete this row.** |

**DECLARATION**

I agree that the above information is accurate and that the project will continue to abide by the conditions of the original approval of the AH&MRC HREC.

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| Signature of Chief Investigator: | Date: |