**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: |