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| Complete this form to request Project Variations for UniSA HREC approved projects.Formal approval from the UniSA HREC must be received prior to implementing any changes to your project.Email the completed form and relevant documents to humanethics@unisa.edu.au. |

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| **SECTION 1: PROJECT DETAILS** |
| Chief Investigator |  |
| Project Title |  |
| Project Number |  | Original Approval Date |  |

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| **APPROVAL FROM NON-UNISA HREC** |
| Does this project have non-UniSA HREC ethics approval? |
| [ ]  Yes – *please attach variation request and variation approval from the primary HREC* | [ ]  No |

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| **SECTION 2: PROPOSED AMENDMENTS** |
| **2.1 CHANGE TO INVESTIGATORS** |

**2.1.1 Add Investigators** *Add rows as required*

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| Name: e.g. Dr Joan Smith |
| Role: e.g. CI/Supervisor/Student | Affiliation: e.g. University of Adelaide |
| Reason for addition |

**2.1.2 Remove Investigators** *Add rows as required*

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| Name: e.g. Dr Joan Smith |
| Role: e.g. CI/Supervisor/Student | Affiliation: e.g. University of Adelaide |
| Reason for removal |

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| **2.2 CHANGE TO THE PROJECT** |
| Please summarise the variations (e.g. modification to participants, recruitment material and/or research tools) |
| Please explain the ethical implications of the proposed variation(s) and how they will be addressed OR why you believe the variation(s) will not have any ethical implications. |

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| **SECTION 2.3 ATTACHMENTS** |
| Please attach:* Copies of amended document(s) using track changes
* Clean copies of the amended document(s)

Documents must have version numbers and date. |
| [ ]  Participant Information Sheet | [ ]  Consent Form | [ ]  Flyers, social media posts, etc |
| [ ]  Questionnaire | [ ]  Emails, letters, phone scripts |  |
| [ ]  Other (*please specify)* |

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| **2.5 ADDITIONAL PERMISSIONS** |
| List and attach any additional permissions or approvals (e.g. organisation, schools, etc) required as a result of your proposed variations: |

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| **SECTION 3: DECLARATION** |
| [ ]  I confirm that the above information is accurate.[ ]  The variation will not be implemented prior to receiving approval from the UniSA HREC. |
| *Chief Investigator Signature* | *Printed Name* | *Date* |
| *Supervisor’s Signature (students only)* | *Printed Name* | *Date* |