wh_logo

Please duplicate page if more signature fields are required

|  |  |  |  |
| --- | --- | --- | --- |
| WESTERN HEALTH DECLARATION SIGNATURE FORM | | | |
| Project Number/Reference:  Project Title: | | | |
| * 1. I declare the information in my application is truthful and accurate to the best of my knowledge and belief and I take full responsibility at this site.   2. I will only start this research project after obtaining authorisation from the site and approval from the responsible Human Research Ethics Committee (HREC)/Western Health Low Risk Ethics Panel (WH LREP).   3. I accept responsibility for the conduct of this research project according to the principles of the NHMRC National Statement on Ethical Conduct in Research (2007 and updates) and abide by the Western Health Research Code of Conduct (2018).   4. I undertake to conduct this research project in accordance with the protocols and procedures as approved by the HREC/WH LREP and the ethical and research arrangements of the organisation(s) involved.   5. I undertake to conduct this research in accordance with relevant legislation and regulations.   6. I agree to comply with the requirements of adverse or unexpected event reporting as stipulated by the HREC/WH LREP and NHMRC   7. I will adhere to the conditions of approval stipulated by the HREC/WH LREP and will cooperate with HREC/WH LREP monitoring requirements.   8. I will inform the HREC/WH LREP and the research governance officer if the research project ceases before the expected date. I will discontinue the research if the HREC/WH LREP withdraws ethical approval.   9. I will adhere to the conditions of authorisation stipulated by the authorising authority at the site where I am a Research Investigator. I will discontinue the research if the authorising authority withdraws authorisation at the site where I am Research Investigator.   10. I understand and agree that study files and documents and research records and data may be subject to inspection by the HREC/WH LREP, research governance officer, the sponsor or an independent body for audit and monitoring purposes.   11. I understand that information relating to this research, and about me as a researcher, will be held by the HREC/WH LREP, research governance officer, and on the Ethical Review Manager (ERM). This information will be used for reporting purposes and managed according to the principles established in the Privacy Act 1988 (Cth) and relevant laws in the States and Territories of Australia.   12. All relevant financial and non-financial interests of the project team have been disclosed | | | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |
| **Print Name:** |  | **Position:** | Choose an item. |
| Signature: | | Date: | |