**WESTERN HEALTH OFFICE FOR RESEARCH**

**Change of Personnel Form**

* *Please complete this form and email a scanned copy with all attachments to* [*ethics@wh.org.au*](mailto:ethics@wh.org.au)*; include the project number in the subject line.*
* *Please include all relevant original signatures*
* *Attach CVs and GCPs for each new personnel.*
* *Attach a copy of any updated Participant Information and Consent Form.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **RESEARCH PROJECT DETAILS** | | | | | |
| **Date of this Form:** | Enter date | | | | |
| **Project Number:** | E.g. 41234; HREC/18/WH/123; QA2018.123 | | | | |
| **Project Title:** | Enter text | | | | |
| **Principal Investigator:** | Enter text | | | | |
| 1. **CONTACT PERSON** | | | | | |
| **Name:** | Enter text | | | | |
| **Email:** | Enter email address | | | | |
| **Phone:** | Enter contact number | | | | |
| **Department/Organisation:** | Enter text | | | | |
| 1. **SUMMARY OF CHANGES** | | | | | |
| **Please list personnel who have left the study** | | | Enter text | | |
| **Please list the names of new personnel** | | | Enter text | | |
| **Please list personnel whose role is changing, stating the changed role** | | | Enter text | | |
| **How will the personnel changes impact on the study?** | | | Enter text | | |
| **Does the PICF need to be amended to reflect the personnel changes?** | | | Yes – *attach the tracked and clean version/s*  No – *please provide an explanation below:* | | |
| Enter text | | | | | |
| 1. **TRAINING** | | | | | |
| **Will any new personnel require extra training to enable their participation in this project** | | | | No  Yes  If Yes, please provide brief details below. | |
| **Name** | | **Training required** | | | **Who will provide training?** |
| Enter text | | Enter text | | | Enter text |
| Enter text | | Enter text | | | Enter text |
| Enter text | | Enter text | | | Enter text |
| Enter text | | Enter text | | | Enter text |
| Enter text | | Enter text | | | Enter text |

**Duplicate this Page for each personnel being added**

|  |  |
| --- | --- |
| 1. **INVESTIGATOR/RESEACHER DETAILS** | |
| **Title:** | Enter text |
| **First Name:** | Enter text |
| **Surname:** | Enter text |
| **Role: (i.e. Principal/Associate Investigator, Student Researcher, Research Coordinator)** | Enter text |
| **Honorary Researcher Appointment at the WH**  **This is required for all external/non-WH personnel**  *(Please contact the Office for Research if unsure)* | Yes – please attach Honorary Researcher Application Form  No, new personnel is a WH employee |
| **Will this person be the contact person for this project?** | Yes  No |
| **Date joined/joining project:** | Enter date |
| **Appointment period:** | Enter text |
| **Department & Organisation:** | Enter text |
| **Work Mailing address:** | Enter mailing address |
| **Phone:** | Enter phone number |
| **Mobile/pager:** | Enter mobile/pager number |
| **Email:** | Enter email address |
| **Describe what this person will do in the context of this project:** | Enter text |
| **Include a brief summary of relevant experience for this project:** | Enter text |
| **Which sites will the personnel be working at? Select all that apply.** | Sunshine Hospital  Footscray Hospital  Williamstown Hospital  Sunbury Day Hospital  Hazeldean Transition Care  Drug Health Service |
| **Curriculum Vitae attached** | Yes  No *If no, please give reason:* Enter text |

|  |  |  |
| --- | --- | --- |
| 1. DECLARATION BY RESEARCH PERSONNEL | | |
| * 1. I declare the information in this form is truthful and accurate to the best of my knowledge and belief.   2. I will only start this research project after obtaining authorisation/acknowledgement 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 Personnel.   10. I will discontinue the research if the authorising authority withdraws authorisation at the site where I am a Research Personnel.   11. 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.   12. 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. | | |
| **New personnel or personnel whose role has changed:** | | |
| Name: | Enter text | |
| Signature: | | Date: |
| Name: | Enter text | |
| Signature: | | Date: |
| Name: | Enter text | |
| Signature: | | **Date:** |
| Name: | Enter text | |
| Signature: | | Date: |

*If necessary, please duplicate page for more names and signatures.*

|  |  |  |
| --- | --- | --- |
| 1. CERTIFICATION BY PRINCIPAL RESEARCHER | | |
| I accept responsibility for the conduct of this research project according to the principles of the NHMRC National Statement on Ethical Conduct in Human Research (2007 and updates)  I certify that all researchers and other personnel involved in this project are appropriately qualified and experienced or will undergo appropriate training to fulfil their role in this project.  As principal researcher, I will ensure that   * progress reports are provided to Western Health as requested, including a final report and a copy of any published material at the end of the research project; * the reviewing HREC/WH LREP is notified in writing immediately if any change to the project is proposed, and approval is received before proceeding with the proposed change * the reviewing HREC/WH LREP & Office for Research is notified in writing immediately if any adverse event occurs after the approval of the Reviewing HREC/WH LREP has been obtained.   As principal researcher, I will take responsibility for the confidential maintenance of records as required by the HREC/WH LREP and the Western Health Office for Research. | | |
| Name of Principal Researcher: | Enter text | |
| Signature: | | Date: |

|  |  |
| --- | --- |
| 1. **ACCEPTANCE BY HEAD OF DEPARTMENT/DIVISIONAL DIRECTOR/AUTHORISED INSTITUTIONAL OFFICIAL\***   **Only complete this section if there has been a change of Principal Researcher** | |
| **I certify that I have read the research project application named above.**  **My signature indicates that I support this research project.** | |
| Name of Head of Department/delegate: | Enter text |
| Name of Department (or relevant section): | Enter text |
| Signature: | Date: |

*\*Where a researcher is also Head of Department, certification must be sought from the person to whom the Head of Department is responsible. Researchers who are also Department Heads or Divisional Directors must not approve their own research on behalf of the Institution.*

**Useful link to WH GCP SOPS, Guidelines and policies:** [http://www.westernhealth.org.au/EducationandResearch/Research/General%20Information/Pages/Standard-Operating-Procedures.aspx](http://www.wh.org.au/EducationandResearch/Research/General%20Information/Pages/Standard-Operating-Procedures.aspx)

Please send a signed electronic copy of this Change of Personnel Form via email to [ethics@wh.org.au](mailto:ethics@wh.org.au).

**Mandatory electronic file name convention:**

To ensure the electronic copies submitted are easily identifiable, the format outlined below must be used for all electronic files. As shown in example below, include version numbers (if applicable) and dates in the file name.

Projects submitted with documents that do not follow the below naming convention/format will not be considered and will be returned via email to sender.

**Convention**: [Reference Number/ERM Project ID] [Document Name] [version number] [Date DDMMMYY]

E.g. 41234 Change of Personnel Form 01Jan20; QA2020.123 Change of Personnel Form 01Jan20;