

CENTRAL COAST LOCAL HEALTH DISTRICT (CCLHD)

Change in Personnel (CiP) Form - Site Specific Assessment (SSA)

National Ethics Application Form (NEAF) and Low/Negligible Risk Research (LNR) Form

Instructions for submission:

1. A cover letter is not required with this form.
2. This form is to be used for all changes in research personnel at a CCLHD site.
If the Change in Personnel (CiP) is applicable to the Lead NEAF or LNR application the Reviewing HREC must also be notified and should be contacted for advice on their individual requirements.
3. Please complete this form electronically and then print for signing, please submit in hard copy.
4. Requests for the addition of personnel must be accompanied by a Curriculum Vitae (CV).
CV's are required for all Investigators listed on an SSA and once provided will be kept on file and linked to all research projects being undertaken by the given researcher.

Information to note:

- This form is to be used for CiPs where the SSA has been originally approved by the CCLHD after the 11th February 2013. Any CiPs for SSA's approved or submitted to the Northern Sydney Local Health District (NSLHD) Research Office prior to this date will require submission directly to NSLHD. Please see the NSLHD Research Office webpage for application requirements;
<http://www.northernsydneyresearch.com.au/>
- The approving Lead NSW HREC must be notified of any changes to the Co-ordinating Investigator or a Principal Investigator at a site in addition to the relevant site Research Governance Officer (RGO). All other CiPs are only required to be notified to the site RGO.
The Research Governance Officer (RGO) for CCLHD is the Research Manager.
- If the changes in personnel affect the ethical and/or scientific acceptability of a project or the study documentation (i.e. the Participant Information Sheet and Consent Form or study protocol), the amended documentation must be submitted to the Lead NSW HREC for approval and then to the CCLHD RGO via the 'CCLHD- Amendment Form'.
- Once approved and signed by the Research Manager this form will be returned in the post.
An approval letter will not be issued along with this form.

Contact details for enquiries relating to this notification of change in personnel form:

[Name]
[Address]
[email]
[phone]

Research Project Details	
CCLHD Protocol No:	
AURED HREC Ref No:	
Study Title:	
Co-ordinating /Principal Investigator:	
Is the Co-ordinating Investigator for the	Yes <input type="checkbox"/> No <input type="checkbox"/>

study changing?			
Would you like to delete Personnel from this research project?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please enter the names in the table.	Personnel Name:	Site Name:	Date which the person ceased working on the project:
Would you like to add Personnel to this research project?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Addition of Personnel 1	
Name:	
Address:	
Telephone:	
Email:	
Role on Project:	
Principal Researcher at Site:	
Site Name:	
Proposed Commencement Date:	
I have Attached a Short CV with this Form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Declaration: I certify that I have read the protocol & understand my obligations and responsibilities Signed: _____ Dated: _____	
Addition of Personnel 2	
Name:	
Address:	
Telephone:	
Email:	
Role on Project:	
Principal Researcher at Site:	

Site Name:	
Proposed Commencement Date:	
I have Attached a Short CV with this Form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Declaration:	
I certify that I have read the protocol & understand my obligations and responsibilities	
Signed: _____ Dated: _____	
Declaration by the Coordinating/Principal Investigator	I approve the changes to the personnel associated with the above research project: Coordinating/Principal Investigator Name: _____ Signature: _____ Date: _____
RGO Approval:	I acknowledge the changes to the personnel associated with the above research project: Research Governance Officer: _____ Signature: _____ Date: _____

The following document should be submitted to:

**AMANDA JACKSON, RESEARCH MANAGER, AREA EXECUTIVE UNIT, LEVEL 6,
WEST WING, GOSFORD HOSPITAL, HOLDEN ST, GOSFORD NSW 2250**

FOR FURTHER ADVICE PLEASE CONTACT AMANDA JACKSON

PH:(02) 4320 3218 --- MOB: 0417 452 746 --- E-MAIL: ccresearch@nscchhs.health.nsw.gov.au