Answer Questions 1, 7 and 8. Answer only those Questions 2-6 that relate to your proposed amendment(s).

1. **Project Details:**

|  |  |
| --- | --- |
| Project No. |  |
| Project Title |  |
| Lead Organisation |  |
| Summary of Each Proposed Amendment (dot points for each) |  |

This project amendment will be reviewed at the next meeting of the AEC. If you require urgent consideration, and the amendments are **minor**, the AEC can delegate review to its Executive Committee for early review.

|  |  |  |
| --- | --- | --- |
| Do you require urgent approval of these amendments?  | [ ]  Yes | [ ]  No |
| If “yes’ what is the reason for this urgency? |

**DETAILS OF THE PROPOSED AMENDMENTS**

X each box that applies to your requested amendments

1. **[ ]  Time Extension:**

**Please note**: the maximum project approval period is 4 years. If continuation of a project is required beyond 4 years, a Final Report in conjunction with a New Project and Permit Application form need to be submitted

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Approval Period:** | [ ]  1 Year | [ ]  2 Years | [ ]  3 Years |
| **Requested Approval Period:** | [ ]  2 Years | [ ]  3 Years | [ ]  4 Years |

|  |
| --- |
| **Justification for the Time Extension:** Why do you need to make these amendments? |
|  |

1. **[ ]  Change to Methods or Experimental Design:**

|  |
| --- |
| **Details of Original Methods/Design**Provide a brief description of the methods/design approved in the original Project Application: Include a table or diagram to demonstrate changes to animal numbers if necessary. |
|  |

|  |
| --- |
| **Details of the Proposed Amendments to the Above:** |
|  |

|  |
| --- |
| **Justification for the Amendments:** Why do you need to make these amendments?**Please note:** If changes include the addition of voucher specimens or genetic samples, please provide justification for this requirement. You will need to provide all details regarding voucher specimens and genetic samples as outlined in section 3 of the [project application form](http://www.cdu.edu.au/research/ori/animal-ethics#section1-panel4). |
|  |

1. [ ]  **Change to Animal Details or Numbers:**

|  |
| --- |
| **Details of Original Animal Details or Numbers:** |
|  |

|  |
| --- |
| **Details of the Proposed Amendments to the Above:** |
|  |

|  |
| --- |
| **Justification for the Amendments:** Why do you need to make these amendments? |
|  |

1. **[ ]  Change to Location:**

|  |
| --- |
| **Details of Original Approved Location (s):** |
|  |

|  |
| --- |
| **Details of the Proposed Amendments to the Above:** |
|  |

|  |  |
| --- | --- |
| **Are any of these additional locations located outside of the Northern Territory?**[ ]  Yes [ ]  NoIf ‘Yes’ list all states, territories and countries where work will be carried out. Provide scientific use licence numbers and expiry dates for all states/territories other than the NT.

|  |
| --- |
|  |

 |

**For CDU Researchers Only:** I confirm that I have contacted the Animal Welfare Officer regarding CDU licenses. I confirm that I am aware of the licence conditions for the state where work will be conducted. [ ]  Yes [ ]  No

1. **[ ]  Other Amendments:**

|  |
| --- |
| **Details of Original Approval:** |
|  |

|  |
| --- |
| **Details of the Proposed Amendments to the Above:** |
|  |

|  |
| --- |
| **Justification for the Amendments:** Why do you need to make these amendments? |
|  |

1. **Addressing the principles of Replacement, Reduction and Refinement (3Rs):**

**This section must be completed in full for all amendments. “Not Applicable (NA)” is not an acceptable answer.**

*Please outline below any initiatives you have undertaken to reduce the number of animals used, improve the manner in which they are housed or used, or which have enabled you to replace animals with alternatives.*

|  |
| --- |
| *Replacement:* |

|  |
| --- |
| *Reduction:* |

|  |
| --- |
| *Refinement:* |

1. **Authorisation/Signature**

This form is to be signed by the Principal Investigator of the Project.

|  |  |  |
| --- | --- | --- |
|  |  | on |
| Full Name  | Signature  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Title:  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position:  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Organisation: |  |  |  |
| License No: |  |  |  |