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**VICTORIA UNIVERSITY**

**ANIMAL ETHICS COMMITTEE**

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| **REQUEST TO ADD/DELETE A CO-INVESTIGATOR TO AN APPROVED PROJECT** |

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| **PLEASE NOTE: THE ANIMAL ETHICS COMMITTEE (AEC) MUST APPROVE THE NEW CO-INVESTIGATOR BEFORE HE/SHE MAY COMMENCE WORK OR TRAINING INVOLVING ANIMALS ON THE APPROVED PROJECT**  **Investigators have personal responsibility for the welfare of the animals they use and must act in accordance with all requirements of the *Act*, the Regulations, the *Code* and the AEC. This responsibility begins when an animal is allocated to the approved project and ends with the specified fate of the animal at the completion of the project.**  **Refer to the Code Section 2.2.16(iii)**  Excluding qualified Animal House staff who routinely work in the Animal House, all other personnel working with animals must be a signatory to the approved application. This includes Project, Honours, Master and PhD students and Research Assistants. Once the project has been approved, Chief Investigators are responsible for ensuring that any new students and staff involved in the project are added via a Request to Add or Delete Co-investigators form.  The AEC must be assured that all personnel working on live animals in this project are appropriately experienced, or will be adequately trained and supervised in the techniques described. A global statement of experience with animal related techniques e.g. "10 yrs experience" is not sufficient. |

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| **Forwarding Details** | |
| ***All hard copy applications to be delivered to:***  **The Victoria University**  **Animal Ethics Committee**  Research Services  Victoria University  PO Box 14428  Melbourne VIC 8001  **Or** deliver in person to:  Research Strategy, Policy and Infrastructure  Research Services  Building C, Room C302  Footscray Park campus | ***Electronic applications are to be forwarded to***  **The Victoria University**  **Animal Ethics Committee:**  E-mail: AEEC@vu.edu.au |
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| **SECTION 1 - ADMINISTRATION** | |
| **1. AEC approval details.** | |
| Project Title |  |
| AEC Number |  |
| Chief Investigator |  |
| Approval Period | \_ \_/\_ \_/\_ \_ \_ \_ To \_ \_ /\_ \_ /\_ \_ \_ \_ |

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| **SECTION 2 - DELETION OF A CO-INVESTIGATOR** |

2.1 NAME OF DELETED CO- INVESTIGATOR:

*(No further information is required)*

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*(Name) (Signature) (Date)*

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| **SECTION 3 - JUSTIFICATION FOR ADDITION OF A CO-INVESTIGATOR**. |

3.1 NAME OF NEW CO- INVESTIGATOR:

(Please complete all information below. Please note a new co-investigator cannot be responsible for emergencies)

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* 1. PROPOSED ROLE OF THE NEW CO-INVESTIGATOR IN THE PROJECT?

Indicate if the new co-investigator will be involved in day to day, weekend and after hours monitoring and if they will be responsible for monitoring during or after surgery or other invasive procedure (see section 3.3.7 of Application for Approval to use Animals in a Research/Teaching Project). Indicate which procedures they will engage in (e.g. surgery, injections, humane killing).

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* 1. WHAT EXPERIENCE IN THE TECHNIQUES REQUIRED FOR THE PROJECT DOES THE NEW CO-INVESTIGATOR HAVE? IF NECESSARY, WHAT TRAINING WILL BE UNDERTAKEN AND WHO WILL BE RESPONSIBLE FOR THE SUPERVISION?

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| **SECTION 4 - NEW CO-INVESTIGATOR** |

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| Name (Title, given name, family name) | |  | | | | |
| Qualifications | |  | | | | |
| Department/ Organisation | |  | | | | |
| Position | |  | | | | |
| Number of years of experience working with animals | |  | | | | |
| Mobile Number (for emergency use only) | |  | | | | |
| Internal Telephone No. (direct contact number) | |  | | | | |
| Internal E-mail address | |  | | | | |
| **INVOLVEMENT IN THE PROJECT** | | | | | | |
| Will you be carrying out techniques/procedures on live animals? | | | YesIf yes, complete details below. | | | |
| No If no, details of expertise are not required. | | | |
| For each species and each technique/procedure, give the number of times it has been performed by the named investigator. If less than 10 times, , please complete the arrangements for training section below. | | | | | | |
| Species | Technique/Procedure | | | Approximate number of times this person has performed this technique/procedure in this species. | | |
| Not Competent | Competent | Trainer(s) |
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| **ARRANGEMENTS FOR TRAINING**  For each species and technique, nominate the person/s who will provide training and describe the level of expertise of that person. | | | | | | |
| **Name(s) of trainer** | | | | | | |
| Species | Technique/Procedure | | | Approximate number of times this person has performed this technique/procedure in this species. | | |
| <10 | 10 - 20 | >20 |
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| Trainer(s) Declaration: I/We have the relevant expertise and I/We accept responsibility to train and supervise the above person until I/We consider them to be competent in the necessary procedures.  Trainer(s) signature: Date: | | | | | | |

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| Name (Title, given name, family name) | |  | | | | |
| Qualifications | |  | | | | |
| Department/ Organisation | |  | | | | |
| Position | |  | | | | |
| Number of years of experience working with animals | |  | | | | |
| Mobile Number (for emergency use only) | |  | | | | |
| Internal Telephone No. (direct contact number) | |  | | | | |
| Internal E-mail address | |  | | | | |
| **INVOLVEMENT IN THE PROJECT** | | | | | | |
| Will you be carrying out techniques/procedures on live animals? | | | YesIf yes, complete details below. | | | |
| No If no, details of expertise are not required. | | | |
| For each species and each technique/procedure, give the number of times it has been performed by the named investigator. If less than 10 times, , please complete the arrangements for training section below. | | | | | | |
| Species | Technique/Procedure | | | Approximate number of times this person has performed this technique/procedure in this species. | | |
| Not Competent | Competent | Trainer(s) |
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| **ARRANGEMENTS FOR TRAINING**  For each species and technique, nominate the person/s who will provide training and describe the level of expertise of that person. | | | | | | |
| **Name(s) of trainer** | | | | | | |
| Species | Technique/Procedure | | | Approximate number of times this person has performed this technique/procedure in this species. | | |
| <10 | 10 - 20 | >20 |
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| Trainer(s) Declaration: I/We have the relevant expertise and I/We accept responsibility to train and supervise the above person until I/We consider them to be competent in the necessary procedures.  Trainer(s) signature: Date: | | | | | | |

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| **SECTION 5 – NEW CO-INVESTIGATOR DECLARATION** | | | |
| I hereby declare that:   1. I have read Part III of the *Prevention of Cruelty to Animals Act 1986* (the *Act*), the Regulations 1997 and the current version of the *Australian Code of for the Care and Use of Animals for Scientific Purposes* (the *Code*), and accept the responsibilities detailed therein. 2. I accept responsibility for the conduct of all experimental procedures detailed in this application, in accordance with requirements of the *Act*, Regulations, the *Code*,the Animal Experimentation Ethics Committee. 3. I have listed each person engaged in this project under Section 4 and consider that they have the qualifications, experience and training appropriate for their role in the project; and that they are competent to perform procedures described to the extent of their role. If any person is not already skilled in the procedures, I will ensure that they obtain all necessary training in advance of performing any procedure independently. All personnel have been made aware of their role and responsibilities in this project, and have been given copies of all necessary documentation. 4. I will provide Annual and Final reports to the AEC by the due date. 5. I understand and agree that research documents, animal records and data may be subject to inspection by the AEC and the relevant government department for auditing and monitoring purposes. 6. The Animal Facility Manager has been made aware of requirements for this application. 7. I understand VU AEC Training is compulsory for all investigators prior to commencing working with animals. I have indicated below the date I attended a face to face training session or completed the online assessment. (If you have not undertaken training please contact aeec@vu.edu.au to arrange for access to the online training and assessment). 8. Training records for each procedure will be kept and no procedure will be undertaken alone until they have been signed off as competent | | | |
| **Co-Investigator’s Name** | **Co-Investigator’s Signature** | **AEC Training Dates** | **Date** |
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| **SECTION 6 – CHIEF INVESTIGATOR DECLARATION** | | |
| |  | | --- | | I certify that all personnel involved in this project are appropriately qualified and experienced, or will undergo the  appropriate training, to perform the procedures required of them. | | | |
| **Chief Investigator Name** | **Chief Investigator Signature** | **Date** |
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Please Note: Digital signatures are acceptable. The onus is on the Chief Investigator or Course/Unit Coordinator to ensure that all Associate Investigators or Teachers have read the application or revised application.