

Instructions:

1. Download this application and complete it on your computer. Hand written applications will not be accepted
2. Submit one (1) original and one (1) copy of this completed, signed application with all attachments to:
**Joint UVic-VIHA Subcommittee
 VIHA Research Ethics Office
 Room 304, Kenning Wing – Memorial Pavilion
 Royal Jubilee Hospital
 1952 Bay Street
 Victoria, BC V8R 1J8**
3. If you need assistance, contact the UVic HRE Assistant at (250) 472-4545 or ethics@uvic.ca
4. Please note that incomplete applications cannot be processed and will be returned to the applicant.

Current Protocol Approval Number

Use the most recent Protocol No. for this project _____

Applicant Information

Principal Investigator		Department	
Phone		Fax	
Email			

Mail correspondence and approval to:	Department <input type="checkbox"/>	Home <input type="checkbox"/>	Complete the address section below.
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Mailing address			
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Position	Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	Master's Student <input type="checkbox"/>	Undergraduate Student <input type="checkbox"/>
			Ph.D. Student <input type="checkbox"/>	Post-Doctoral <input type="checkbox"/>

Student Supervisor (if applicable)

Name		Email
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Co-Investigator(s) – Identify those *collecting raw* data. (Name, position [eg., Graduate Student] and department)

1.		Others (eg., Grad supervisor, committee)
2.		1.
3.		2.
4.		3.
5.		4.

Title of Project**Request for Amendment**

There will be changes to the protocol design or research materials

Attach details and rationale for the changes along with a brief synopsis of progress to date with an emphasis on any problems encountered during the conduct of the research. Submit this form with copies of any revised forms, tests, advertisements or questionnaires.

Signatures

Signature of Student Supervisors indicates that they undertake to respect and abide by the statements of protection of confidentiality of data and anonymity agreed to by subjects/participants in the Letter of Informed Consent. When Chair/Director is the Principal Investigator, signature of Dean is required.

Signature of Principal Investigator
Date:

Signature of Supervisor
Date:

Signature of Chair/Director/Dean
Date:

Signature of VIHA Administrator
Date:

For UVic Ethics Use only:

New Approval Number: _____

HREB Chair Signature

Approval Date:

Start Date:

End Date: