

## Application for the use of animals in a research project

**DO NOT COMPLETE THIS FORM IN A WEB BROWSER – you may not be able to save your progress.  
First DOWNLOAD or SAVE this form, then OPEN the file in Adobe Acrobat Reader to fill it in.**

**THIS IS ONE OF TWO FORMS NECESSARY FOR A COMPLETE APPLICATION, THE OTHER FORM IS THE  
PROJECT DESCRIPTION**

The use of animals in teaching and/or research activities is governed by a range of legislation and codes of practice. The ethical use of any animals at the University must be approved by the CSU Animal Care and Ethics Committee (ACEC).

Please tell us if your application is URGENT. Work must not commence without written approval from the ACEC.

Please use this form to provide details of your research proposal. The Primary Contact is responsible for completing and submitting this form, along with all required supporting documents and attachments. The ACEC will assess the information provided and will advise the outcome in writing.

**NOTE:** Approval may be given for up to three (3) years if the project methodology remains the same. However, an Authority for the Use of Animals is only given for a maximum of one (1) year. This is a legal requirement. Before a new authority can be issued for the next year, the researcher must submit an Annual Progress Report and Application for Continuation before the anniversary of the original approval.

For ACEC agenda closing dates, see the [ACEC Meeting Dates](#) on the [ACEC Website](#).

All questions with a red asterisk \* are required. The form cannot be processed until these have been completed.

If you have any queries regarding this application, please phone (02) 6933 4322 or email [animalethics@csu.edu.au](mailto:animalethics@csu.edu.au).

DO NOT COMPLETE THIS FORM IN A WEB BROWSER – you may not be able to save your progress.  
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*Please note that this application only relates to the proposed ethical use of **animals**. If your research involves the use of human subjects, radiation, restricted biological materials or chemicals, separate approval may be required by the appropriate University committee. Please refer to the [Research Integrity, Ethics and Compliance Unit website](#).*

## 1. Research project

Project title \*

Proposed start date (dd/mm/yy) \*

Proposed end date (dd/mm/yy) \*

List **ALL** states and/or countries where research involving animals will occur \*

Has this project been previously declined by the Charles Sturt University ACEC or another committee? \*

- Yes  
 No

If 'Yes', provide the name of the committee and reference/protocol number (or date of submission).

Is this a student project? \*

- Yes  No

## 2. Primary contact

(Usually the Chief Investigator – or must be the Principal Supervisor for student research projects)

Full name (including title) \*

Role in project team \*

Staff ID \*

Email \*

Work phone \*

Mobile phone \*

After hours phone \*

School / Faculty / Section \*

Campus / Location \*

### 3. Research project team

Enter the details of all people that form the research team. The people listed will be required to sign this form and will receive notifications regarding the project directly. (there is an expectation that team members are aware of all aspects of the project including confidential material.) *Note: The Primary Contact is team member #1.*

*If there are more team members to list, please attach an additional page to your application.*

#### Team member #2

**Full name** (including title)

**Role in project team**

**Staff ID** (if applicable)

**Email**

**Contact phone**

**School / Faculty / Section / Organisation**

#### Team member #3

**Full name** (including title)

**Role in project team**

**Staff ID** (if applicable)

**Email**

**Contact phone**

**School / Faculty / Section / Organisation**

#### Team member #4

**Full name** (including title)

**Role in project team**

**Staff ID** (if applicable)

**Email**

**Contact phone**

**School / Faculty / Section / Organisation**

#### Team member #5

**Full name** (including title)

**Role in project team**

**Staff ID** (if applicable)

**Email**

**Contact phone**

**School / Faculty / Section / Organisation**

## 4. Animal details

*For each project include additional lines for each procedure category where different animals, of the same species, within the same project are subjected to different procedures categories.*

### Animal species #1

<b>Species *</b>	
If 'Other' species, provide details	
<b>Total number of animals (this species) *</b>	
<b>Sex/es *</b>	
<b>Purpose *</b>	
<b>Procedure *</b>	

### Animal species #2

<b>Species</b>	
If 'Other' species, provide details	
<b>Total number of animals (this species)</b>	
<b>Sex/es</b>	
<b>Purpose</b>	
<b>Procedure</b>	

### Animal species #3

<b>Species</b>	
If 'Other' species, provide details	
<b>Total number of animals (this species)</b>	
<b>Sex/es</b>	
<b>Purpose</b>	
<b>Procedure</b>	

*If there are more animals to list, please attach an additional page to your application.*

## 5. Standard operating procedures

Refer to the [Register of Standard Operating Procedures](https://research.csu.edu.au/integrity-ethics-compliance/animal/sops) (SOPs) already approved by the ACEC at <https://research.csu.edu.au/integrity-ethics-compliance/animal/sops>

List all Standard Operating Procedures which are to be used. Refer to the Register of Standard Operating Procedures already approved by the ACEC (see link above) and list the SOP number and name. \*

Are you submitting new SOPs that are not listed on the Register of Standard Operating Procedures already approved by the ACEC? \*

- Yes  
 No

If 'Yes', please list the name/s of your draft SOP/s here.

Remember to **attach a copy of any new/draft SOP** that has not yet been approved by the ACEC. Use the template provided at the above link to create your draft SOP.

## 6. Licences for the research project

Please provide details of all licences required to undertake this project. List all licences that you have obtained or are in the process of obtaining. \* (Include the name/level of the licence and the licencing body? Holder, start and expiry dates?)

Have any of the people participating in this project had an Animal Research Authority (ARA) or animal supplier's license cancelled? \*

- Yes  
 No

If 'Yes', provide the name, organisation, date and reason for cancellation for each person below.

Remember to **attach copies of licences** or evidence of the progress of your application for a licence.

## 7. Collaboration

Does this project involve collaboration with any external organisations? \*

- Yes  
 No

### Collaborator #1

Full name (including title)

Role in project team

Organisation

Position (job title / role)

Email

Contact phone

### Collaborator #2

Full name (including title)

Role in project team

Organisation

Position (job title / role)

Email

Contact phone

*If there are more collaborators to list, please attach an additional page to your application.*

Remember to attach copies of:

- the **agreement/s with collaborator/s or collaborating institution/s.**
- the **application and approval letter from collaborating institution/s (if available).**

Are any of the collaborators from overseas organisations? \*

- Yes \*\* see note below  
 No

**\*\* If 'Yes' above, attach evidence that the study will be conducted in accordance with the minimum requirements of the Code (2013), Section 2.6.9-14 and the relevant Australian animal welfare legislation.**

Have you lodged a Notice to Submit (NTS) with the Research Office in relation to this project? \*

- Yes  
 No

If 'Yes', what is your NTS reference number?

Is funding associated with this project?\*

Yes

No

If 'Yes', provide details below:

Will this project still go ahead if funding is not approved? \*

Yes

No

If 'Yes', provide details on how the project will proceed without funding

### Source #1

Funding source

External Grant identifier

Investigator/s

### Source #2

Funding source

External Grant identifier

Investigator/s

Does the funding body have a commercial interest in the outcome of the project, or the right to impose limitations on the publications of the results?

Yes

No

If 'Yes', describe the limitation or commercial interest

*If there are more funding sources to list, please attach an additional page to your application.*

## Research Data Management Plan

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It is a requirement by Internal Audit that a Research Data Management Plan is to be completed and submitted with all research ethics applications. Please refer to the [research website](#) for more information.

The link to the research data management plan is [here](#).

The completed template has to be attached to this application.

Data Management Plan attached

## 8. Project history

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Is this a: (please select all that apply)

- Repeat of a previously conducted project (*answer a.*)
- Continuation of an expired project (*answer b.*)
- Continuation of an existing project that has been significantly revised (*answer b.*)
- Follow up study to a pilot study (*answer b.*)
- Not applicable to this project

a. If this is a repeat or continuation, please explain why and provide the ACEC reference/protocol number and title of the previous project.

b. If this is a continuation or follow up to a previous or pilot study, please provide a brief summary (suggested word limit of 150 words) of the outcomes of the previous project.



## 9. Animal supplier details

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List all animal suppliers (including Charles Sturt University if they are supplying animals for use in the project) \*

	Name of supplier	Supplier address	Supplier contact details
#1			
#2			
#3			

Are exempt animals\*\*\* to be used (e.g. farm cattle, sheep, horses)? \*

- Yes  
 No

\*\*\* Refer to the [Animal Research Act - Definitions](#) & [Animal Research Regulation - Schedule 3](#) for information about exempt animals. In summary, 'exempt' means that the species are exempt from certain supplier requirements, NOT EXEMPT from the Research legislation.

If 'Yes', indicate the source/supplier of the animals

# 10. Fate of animals

## 10.1. Fate of animals

What is the fate of the animals when the project is completed? *Select all that apply.*

Refer to [clause 3.4 of the Australian code for the care and use of animals for scientific purposes](#). \*

- Return to normal husbandry conditions or natural habitat
- Re-use
- Tissue sharing
- Rehoming
- Euthanasia (humane killing)
- Other: \_\_\_\_\_

## 10.2. Euthanasia (if part of the project)

What method of euthanasia will be used?

Where will euthanasia be performed?

Who will perform the euthanasia?  
*(Ensure that this person is listed as a member of the research team in Part 3 and signs the Signatures part of this application.)*

What training and experience do they have in the euthanasia methods used?

## 10.3. Animal remains disposal details (if applicable)

Complete the table below if animal remains are to be disposed of.

	Method of disposal	Location (e.g. medical waste company)	Contact Details
#1			
#2			
#3			

# 11. Animal monitoring, housing and management

## 11.1. Animal monitoring

You **must** document the **monitoring of the animals** and a copy of the format of the information to be used must be **attached** to this application.

*Remember to **attach copies of the monitoring sheets to be used.***

*(If anaesthesia and/or surgery are part of this proposal, include copies of the anaesthetic monitoring sheets.)*

**How will animals be identified? \***

**Which member/s of the research team will be responsible for monitoring the animals on a daily basis? \***

**Which member/s of the research team will be responsible for monitoring the animals at night, on weekends and holidays? \***

**What method/s will be used to monitor the animals? \***

**Provide details of the method and frequency of animal monitoring to be conducted:**

**a. Before the experimental procedure/s \***

**b. During the experimental procedure/s \***

**c. After the experimental procedure/s \***

## 11.2. Animal housing

Complete a section below for **each** species listed at Part 4 – Animal details.

### Animal species #1

<b>Species #1 *</b>	
<b>Where will the animals be housed? *</b> <i>If this is an animal house or similar facility, include the campus, building and room number/s. ****</i>	
<b>Identify the locations where the procedures on animals will be performed, if different to housing location above. *</b>	
<b>Describe the type of housing will be provided? *</b>	
<b>What is the maximum and minimum number of animals per cage/pen/paddock? *</b>	
<b>Will animals be single housed? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What and how often will the animal/s be fed? What is the feeding method? *</b>	
<b>How is water provided? *</b>	
<b>Describe the environmental enrichment that will be provided? *</b>	
<b>List any other husbandry procedures that may be required during the study (e.g. foot trimming). *</b>	

\*\*\*\* If the animals are housed on a property not owned by CSU, attach a copy of the consent forms and/or formal agreement between CSU and the property owner.

## Animal species #2

**Species #2**

**Where will the animals be housed?**

*If this is an animal house or similar facility, include the campus, building and room number/s. \*\*\*\**

**Identify the locations where the procedures on animals will be performed, if different to housing location above.**

**What type of housing will be provided?**

**What is the maximum and minimum number of animals per cage/pen/paddock?**

**Will animals be single housed?**

Yes

No

**What and how often will the animal/s be fed? What is the feeding method?**

**How is water provided?**

**What environmental enrichment will be provided?**

**List any other husbandry procedures that may be required during the study (e.g. foot trimming).**

*\*\*\*\* If the animals are housed on a property not owned by CSU, attach a copy of the consent forms and/or formal agreement between CSU and the property owner.*

### Animal species #3

**Species #3**

**Where will the animals be housed?**

*If this is an animal house or similar facility, include the campus, building and room number/s. \*\*\*\**

**Identify the locations where the procedures on animals will be performed, if different to housing location above.**

**What type of housing will be provided?**

**What is the maximum and minimum number of animals per cage/pen/paddock?**

**Will animals be single housed?**

Yes

No

**What and how often will the animal/s be fed? What is the feeding method?**

**How is water provided?**

**What environmental enrichment will be provided?**

**List any other husbandry procedures that may be required during the study (e.g. foot trimming).**

*\*\*\*\* If the animals are housed on a property not owned by CSU, attach a copy of the consent forms and/or formal agreement between CSU and the property owner.*

## 11.3. Animal facility manager/co-ordinator

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### Facility #1 manager

<b>Full name</b> (including title) *	
<b>Facility</b> *	
<b>Email</b> *	
<b>Contact phone</b> *	
<b>Position / Role</b> *	
<b>School / Faculty / Section / Organisation</b> *	
<b>Campus / Location</b> *	

### Facility #2 manager

<b>Full name</b> (including title)	
<b>Facility</b>	
<b>Email</b>	
<b>Contact phone</b>	
<b>Position / Role</b>	
<b>School / Faculty / Section / Organisation</b>	
<b>Campus / Location</b>	

### Facility #3 manager

<b>Full name</b> (including title)	
<b>Facility</b>	
<b>Email</b>	
<b>Contact phone</b>	
<b>Position / Role</b>	
<b>School / Faculty / Section / Organisation</b>	
<b>Campus / Location</b>	

*If there are more facility managers to list, please attach an additional page to your application.*

## 11.4. Animal management

Explain what will be done if an animal health / welfare issue is identified? List the criteria for intervention, treatment or withdrawal of the animals from the study. \*

It may be necessary to euthanise animals on welfare grounds, as opposed to euthanasia as an integral part of the project (Section 10.2). If euthanasia is performed on welfare grounds, how will this be done, and by whom? \*

Who is responsible for the management of emergencies? \*

Which practice/veterinarian will provide veterinary services? State their contact details. \*



## 12. Technical competence

Completion of this section is essential to satisfy the requirements of the Code, the obligations of the Institution and the deliberations of the ACEC.

All individuals involved in the use of animals must be listed here with the information of their competencies (this may include people that are not necessarily part of the research team, such as casual student assistants).

*'Institutions must ensure that all people involved in the care and use of animals understand their responsibilities and the requirements of the Code, are competent for the procedures they perform or are under the direct supervision of a person who is competent to perform the procedures'* (S2.1.8, the Code).

**Note: The Primary Contact / Chief Investigator is responsible for:**

- Ensuring that this section accurately reflects the current technical competence of the research team; and
- Ensuring up-to-date technical competence information is provided to the relevant Charles Sturt University animal facility manager/s throughout the duration of the project.

Here is an example of how to complete Technical Competence table:

	Team member (name)	Procedures (incl. but not limited to surgery, anaesthesia, euthanasia, capture methods, etc.)	Species involved	Current experience and/or training required	Team member 'Competent' or 'Not Yet Competent'?
1	Jane Citizen	Animal handling	Rabbits	General husbandry experience – at least weekly over last 2 years	Competent
2	John Sample	Intraperitoneal injections	Mice	No experience. Chief Investigator to provide specific training & supervision.	Not Yet Competent

Complete the table below regarding the proposed animal usage. \*

	Team member (name)	Procedures (incl. but not limited to surgery, anaesthesia, euthanasia, capture methods, etc.)	Species involved	Current experience and/or training required	Team member 'Competent' or 'Not Yet Competent'?
1					
2					
3					
4					
5					
6					

*If there are more competencies to list, please attach an additional page to your application.*

**Remember to attach copies of any relevant qualifications, licences, permits, etc. relating to individual competencies or training.**

# 13. Signatures and approvals

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## 13.1. Primary Contact

### Declaration

By signing below:

- a. I certify that all details given in this proposal are correct.
- b. I will ensure the project is carried out in accordance with the Animal Research Act 1985 and Regulation 2010, the Australian code for the care and use of animals for scientific purposes (the Code) and the Australia code for the responsible conduct of research (2018). I accept responsibility for the conduct of all procedures detailed in this application and for the supervision of all personnel delegated to perform such procedures.
- c. As Primary Contact, in accordance with the above legislation and codes:
  - i. I will ensure that all personnel are aware of their responsibilities and roles in the project.
  - ii. I confirm that the qualifications and experience of personnel involved in the project are appropriate to the procedures to be performed, as described in the Technical Competence section.
  - iii. I confirm that I have taken into account potential hazards to staff working with animals in this project and have ensured that appropriate safety measures have been implemented.
  - iv. I confirm that all personnel have read this application and have agreed to comply with procedures as described and any conditions imposed by the ACEC.
  - v. I confirm that I am satisfied that the housing facilities to be used during this project comply with the requirements of the ACEC and the Code.
  - vi. I will ensure that a copy of the Technical Competence section is forwarded to the relevant Charles Sturt University animal facility following ACEC approval of the application, or to the Animal Research Authority (ARA) in the case of field work.

**Full Name** (Primary Contact) \*

**Email** (Primary Contact) \*

**Date** (dd/mm/yyyy) \*

**Signature** (Primary Contact) \*

### Instructions to the Primary Contact

After signing above with your digital signature, save and email a copy of this form to the next team member to review and sign (with all relevant attachments).

Once all signatories have reviewed and signed the form and returned it to you, send it to your Head of School for approval and ask them to submit the whole application via email to [animaethics@csu.edu.au](mailto:animaethics@csu.edu.au). Ensure all relevant supporting documents are attached.

Complete applications will be added to the agenda of the next Animal Care and Ethics Committee (ACEC) meeting. We will notify you of the outcome via email within 10 working days of the meeting.

For all ACEC meeting dates and agenda closing dates, please see the [ACEC Meeting Dates](#).

To check on the status of your application, please email [animaethics@csu.edu.au](mailto:animaethics@csu.edu.au) or call (02) 6933 4322 during business hours.

## 13.2. Research team members

### Instructions to the research team members

Review the entire application and read the declaration below. If you have any concerns or amendments, get in touch with the Primary Contact.

If you approve, sign below with your digital signature. Then email a copy of this form and all relevant attachments to the next team member to sign.

Once all signatories have reviewed and signed the form, **send it back to the Primary Contact**, who will submit it via email to [animaethics@csu.edu.au](mailto:animaethics@csu.edu.au). Make sure attach all relevant supporting documents are attached.

Complete applications will be added to the agenda of the next Animal Care and Ethics Committee (ACEC) meeting. We will notify the Primary Contact of the outcome via email within 10 working days of the meeting.

For all ACEC meeting dates and agenda closing dates, please see the [ACEC Meeting Dates](#).

To check on the status of your application, please email [animaethics@csu.edu.au](mailto:animaethics@csu.edu.au) or call (02) 6933 4322 during business hours.

### Declaration

By signing below:

- a. I confirm that I have read this application and understand my role in the project.
- b. I am aware of my responsibilities and obligations under the Animal Research Act 1985 and Regulation 2010, the Australian code for the care and use of animals for scientific purposes (the Code), the Australia code for the responsible conduct of research (2018) and university policies and procedures.
- c. I confirm that all details given in this proposal are correct.
- d. I declare that I will only undertake procedures that are consistent with my qualifications and level of experience, as described in Part 13 - Technical Competence.
- e. I will ensure the project is carried out in accordance with the Animal Research Act 1985 and Regulation 2010, and the Australian code for the care and use of animals for scientific purposes.

### Team member #2 signature

Full Name \*

Email \*

Date (dd/mm/yy) \*

Signature \*

### Team member #3 signature

Full Name \*

Email \*

Date (dd/mm/yy) \*

Signature \*

**Team member #4 signature**

<b>Full Name *</b>	
<b>Email *</b>	
<b>Date (dd/mm/yy) *</b>	
<b>Signature *</b>	

**Team member #5 signature**

<b>Full Name *</b>	
<b>Email *</b>	
<b>Date (dd/mm/yy) *</b>	
<b>Signature *</b>	

*If there are more team members to list, please attach additional pages to your application.*  
**All** team members must confirm in writing and sign that they have read the proposal and that all information is correct.

CONFIDENTIAL

### 13.3. Animal facility manager/co-ordinator approval

#### Instructions to facility managers/co-ordinators

Review the entire application and read the declaration below. If you have any concerns or amendments, get in touch with the Primary Contact.

If you approve, sign below with your digital signature. Then email a copy of this form back to the Primary Contact.

#### Facility #1 manager approval

##### Declaration

I confirm that that the appropriate resources are available or can be obtained in the Animal House/Holding Facility for:

- ALL of the animals requested for the research period nominated, and that the Animal House/Holding Facility staff can provide adequate maintenance and care of the animals during that time.
- SOME of the animals in the Animal House/Holding Facility for the research period nominated, with others to be housed at an alternate facility. Details are provided below. There will be staff at both facilities to provide adequate maintenance and care of the animals during that time.

Number of animals to be housed in the  
Animal House/Holding Facility \*

Additional housing will be provided at  
(if required)

##### Approval

Full Name \*

Facility \*

Email \*

Date (dd/mm/yy) \*

Signature \*

#### Facility #2 manager approval

##### Declaration

I confirm that that the appropriate resources are available or can be obtained in the Animal House/Holding Facility for:

- ALL of the animals requested for the research period nominated, and that the Animal House/Holding Facility staff can provide adequate maintenance and care of the animals during that time.
- SOME of the animals in the Animal House/Holding Facility for the research period nominated, with others to be housed at an alternate facility. Details are provided below. There will be staff at both facilities to provide adequate maintenance and care of the animals during that time.

Number of animals to be housed in the  
Animal House/Holding Facility \*

Additional housing will be provided at  
(if required)

**Approval**

<b>Full Name *</b>	_____
<b>Facility *</b>	_____
<b>Email *</b>	_____
<b>Date (dd/mm/yy) *</b>	_____
<b>Signature *</b>	_____

**Facility #3 manager approval**

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**Declaration**

I confirm that the appropriate resources are available or can be obtained in the Animal House/Holding Facility for:

- ALL of the animals requested for the research period nominated, and that the Animal House/Holding Facility staff can provide adequate maintenance and care of the animals during that time.
- SOME of the animals in the Animal House/Holding Facility for the research period nominated, with others to be housed at an alternate facility. Details are provided below. There will be staff at both facilities to provide adequate maintenance and care of the animals during that time.

Number of animals to be housed in the Animal House/Holding Facility *	_____
Additional housing will be provided at (if required)	_____

**Approval**

<b>Full Name *</b>	_____
<b>Facility *</b>	_____
<b>Email *</b>	_____
<b>Date (dd/mm/yy) *</b>	_____
<b>Signature *</b>	_____

## 13.4. Head of School/ Centre Director approval

### Declaration

By signing below, I declare that I have read this application and I confirm the level of internal investment, resources and staff time that has been described is available and sufficient to complete this activity.

<b>Full Name *</b>	
<b>School/ Centre *</b>	
<b>Email *</b>	
<b>Date (dd/mm/yy) *</b>	
<b>Signature *</b>	

### **Instructions to the Head of School/ Centre Director**

Review the entire application and read the declaration above. If you have any concerns or amendments, get in touch with the Primary Contact.

If you approve, sign above with your digital signature. Then **submit the whole application via email to [animalethics@csu.edu.au](mailto:animalethics@csu.edu.au)**. Ensure all relevant supporting documents are attached.

Complete applications will be added to the agenda of the next Animal Care and Ethics Committee (ACEC) meeting. We will notify the Primary Contact of the outcome via email within 10 working days of the meeting.

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