

# Additional Team Member Information

Animal Care and Ethics Committee

## Research project

|   |  |
|---|--|
| <b>Project title *</b>  |  |
| <b>Proposed start date (dd/mm/yy) *</b>   |  |
| <b>Proposed end date (dd/mm/yy) *</b>   |  |
| <b>List <u>ALL</u> states and/or countries where research involving animals will occur *</b>                  |  |
| <b>Has this project been previously declined by the Charles Sturt University ACEC or another committee? *</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If 'Yes', provide the name of the committee and reference/protocol number (or date of submission).</b>     |  |
| <b>Is this a student project? *</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Primary contact details

|  |  |
|--|--|
| <b>Primary Contact full name (incl. title) *</b> |  |
| <b>Role in project team *</b>                    |  |
| <b>Staff/Student ID *</b>                        |  |
| <b>Email *</b>                                   |  |
| <b>Mobile phone *</b>                            |  |
| <b>School / Faculty / Section *</b>              |  |
| <b>Campus / Location</b>                         |  |

# Research project team

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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 #6

|  |  |
|--|--|
| <b>Full name (incl. title)</b>                   |  |
| <b>Role in project team</b>                      |  |
| <b>Staff/Student ID</b>                          |  |
| <b>Email</b>                                     |  |
| <b>Contact phone</b>                             |  |
| <b>School / Faculty / Section / Organisation</b> |  |

## Team member #7

|  |  |
|--|--|
| <b>Full name (incl. title)</b>                   |  |
| <b>Role in project team</b>                      |  |
| <b>Staff/Student ID</b>                          |  |
| <b>Email</b>                                     |  |
| <b>Contact phone</b>                             |  |
| <b>School / Faculty / Section / Organisation</b> |  |

## Team member #8

|  |  |
|--|--|
| <b>Full name (incl. title)</b>                   |  |
| <b>Role in project team</b>                      |  |
| <b>Staff/Student ID</b>                          |  |
| <b>Email</b>                                     |  |
| <b>Contact phone</b>                             |  |
| <b>School / Faculty / Section / Organisation</b> |  |

## Team member #9

|                                |  |
|--------------------------------|--|
| <b>Full name (incl. title)</b> |  |
| <b>Role in project team</b>    |  |
| <b>Staff/Student ID</b>        |  |

|  |  |
|--|--|
| <b>Email</b>                                     |  |
| <b>Contact phone</b>                             |  |
| <b>School / Faculty / Section / Organisation</b> |  |

## 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'? |
|---|--------------------|---|------------------|---|---|
| 6 |                    |   |                  |   |   |
| 7 |                    |   |                  |   |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |

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

# Signatures and approvals

## 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:

- I confirm that I have read this application and understand my role in the project.
- 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.
- I confirm that all details given in this proposal are correct.
- 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.
- 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 #6 signature**

|   |  |
|---|--|
| <b>Full Name</b> <i>(Primary Contact)</i> * |  |
| <b>Email</b> <i>(Primary Contact)</i> *     |  |
| <b>Date</b> <i>(dd/mm/yyyy)</i> *           |  |
| <b>Signature</b> <i>(Primary contact)</i> * |  |

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**Team member #7 signature**

|   |  |
|---|--|
| <b>Full Name</b> <i>(Primary Contact)</i> * |  |
| <b>Email</b> <i>(Primary Contact)</i> *     |  |
| <b>Date</b> <i>(dd/mm/yyyy)</i> *           |  |
| <b>Signature</b> <i>(Primary contact)</i> * |  |

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**Team member #8 signature**

|   |  |
|---|--|
| <b>Full Name</b> <i>(Primary Contact)</i> * |  |
| <b>Email</b> <i>(Primary Contact)</i> *     |  |
| <b>Date</b> <i>(dd/mm/yyyy)</i> *           |  |
| <b>Signature</b> <i>(Primary contact)</i> * |  |

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**Team member #9 signature**

|   |  |
|---|--|
| <b>Full Name</b> <i>(Primary Contact)</i> * |  |
| <b>Email</b> <i>(Primary Contact)</i> *     |  |
| <b>Date</b> <i>(dd/mm/yyyy)</i> *           |  |
| <b>Signature</b> <i>(Primary contact)</i> * |  |

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*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.