



Variation-Extension Request

About this form

- ✓ All research projects approved by the Radiation Safety Committee (RSC) must meet reporting requirements to maintain ongoing approval.
- ✓ Please use this form to request approval for any variations to your approved research project. This includes a variation to the approved end date of the project (extension).

Completing the form

DO NOT COMPLETE THIS FORM IN A WEB BROWSER. You will not be able to save your data or sign the form in a browser. First SAVE this form, then OPEN the file in Adobe Acrobat Reader or Adobe Acrobat Pro.

- This checklist can be completed electronically.
- The **Primary Contact** is responsible for completing and submitting this form to radiationsafety@csu.edu.au.
- Digital forms and electronic signatures are preferred.
- If you have any questions, please contact radiationsafety@csu.edu.au

Submitting the report

1. Before submitting, please check that you have attached any additional documents, such as such as copies of radiation licences, exemption forms, written approvals or additional pages of information relating to this form.
2. Submit the complete application to radiationsafety@csu.edu.au
3. For RSC agenda closing dates, see the RSC Meeting Schedule on the [RSC website](#).

Notification of outcome

The nominated Primary Contact will receive notification of outcome by email once the request has been considered.

Please do not assume a request has been granted until you are formally advised by the Radiation Safety Committee in writing.

1. Research project

Project title	
Protocol Number	
Approved end date	

2. Primary contact

Note: the Primary contact is **Team member #1**

Full name (<i>incl. title</i>) <i>Usually the Chief Investigator</i>	
Staff/Student ID	
Email	
Work phone	
Mobile phone	
School / Faculty / Organisation / Unit	
Campus / Location	

3. Research project team

Enter the details of all people directly involved in the research project.

Team member #2

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

Team member #3

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

Team member #4

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

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



4. Research project progress

Briefly describe the progress made to date

What component of the research project are you applying to vary?

What are the specific changes that are proposed and why? Please also explain EITHER:

- The radiation safety implications of the proposed variation/s and how they will be address, or
- Why you believe the variation/s will not have any radiation safety implications.

Do you require an extension?

Yes No

If Yes, what is the new anticipated end date for the research project?

Reason(s) for extension

5. Signatures

5.1 Primary Contact

Declaration

By signing below, I confirm that all research team members have had the opportunity to review the information above prior to submission of this form.



Primary Contact's Full Name	
Date	
Signature	

5.2 Supervisor

Supervisor's Full Name <i>(if applicable)</i>	
Date	
Signature	



Submit form and attachments to radiationsafety@csu.edu.au

Approval - RSC Use Only		
Protocol Number	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
RSC Presiding Officer		

