### About this form

* Use this form to provide details of your research or teaching proposal. The Chief Investigator (primary contact) is responsible for completing and submitting this form, along with all required supporting documents and attachments (copies of funding agreements are not required).
* **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 regulatory requirement. Before a new authority can be issued for the next year, the researcher must submit an ‘Annual Report and Application for Continuation’ before the anniversary of the original approval.

**Completing and submitting the form**

* The **Chief Investigator** is responsible for completing and submitting the entire application.
* If you are part of SAEVS ensure you meet the school due date to obtain relevant signatures which is a week before the AEC agenda close.
* Submissions in “pdf” file format with electronic signatures are preferred.
* **Please note that this application only relates to the proposed ethical use of animals.** If your research involves the use of human subjects, radioactive substances, irradiating apparatus or hazardous biological agents, separate approval may be required by the appropriate research integrity committee. Please refer to the [Research Integrity Unit website](https://research.csu.edu.au/integrity-ethics-compliance/).
* **Your application will be returned to you if it is incomplete**. Add additional lines or duplicate tables where needed to provide more information.
* Ensure your application is complete, even if it is a repeat study. AEC members do not have access to prior applications, so each application to the committee must stand alone and contain all required information.
* Submit your complete application via email to [animalethics@csu.edu.au](mailto:animalethics@csu.edu.au).
* For agenda closing dates, see the AEC Meeting Schedule on the [AEC website](https://research.csu.edu.au/integrity-ethics-compliance/animal).
* If you have any questions, please phone (02) 6933 4322 or contact [animalethics@csu.edu.au](mailto:animalethics@csu.edu.au)

**Checklist for submission**

* Ensure you submit the following documents with your application:

Application Coversheet

Research Application OR Teaching Application

Proposed animal monitoring sheets

Proof of ELMO training completion

Any SOPs that need to be approved (e.g., previous SOPs that have expired or new submissions)

Owner information statements and consent forms (if applicable)

[Collaborative research agreements](https://www.csu.edu.au/research/integrity-ethics-compliance/animal-ethics/resources/forms) (if applicable)

**Notification of outcome**

* The Animal Ethics Partner will notify the Chief Investigator of the outcome of their application via email within 10 working days of the Animal Ethics Committee meeting.

**Do not assume your application has been approved until you are formally advised by the Animal Ethics Committee in writing.**

Section A: General Information

|  |  |
| --- | --- |
| Application Type | Choose an item. |
| Project Name |  |
| Proposed Start Date | Click or tap to enter a date. |
| Projects can only commence after they have been approved by the AEC and a valid ‘*Authority for the use of Animals*’ has been issued. The proposed start date must correlate with a date occurring after the next scheduled AEC Meeting. | |
| Proposed End Date | Click or tap to enter a date. |
| For projects expected to be over 12 months in duration, note that an ‘*Authority for the use of Animals*’ can only be issued for a maximum period of 12 months in accordance with the Animal Research Act 1985. Investigators must ensure they re-apply for an Authority every 12 months to comply with the legislation and annual reporting requirements in the Code. | |
| States / Locations where research will occur | New South Wales  Victoria  Queensland  Tasmania  South Australia  Western Australia  Other (provide details) |
| Other: | |

Section B: Personnel / Team Details

### B1 Chief Investigator

The Chief Investigator is the person responsible for the project. If the application is on behalf of a student, the supervisor must be listed as the Chief Investigator and must be **contactable** for animal emergencies.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Qualifications  Title, position |  | | |
| Project Responsibilities  e.g., animal handling, sample collection |  | | |
| Competent / Not yet Competent |  | | |
| Relevant Experience  If not competent, please describe how competency will be achieved or identify competent individual that will supervise at all times. |  | | |
| Email |  | | |
| Phone |  | | |
| Declaration of Responsibilities | | | |
| As Chief Investigator, I confirm that:  All information in this application is true and accurate, to the best of my knowledge.  I have completed the Charles Sturt University ELMOs entitled ‘*Animal Care and Ethics*’, and ‘*Research Integrity’* within the last three years.  The use of animals in this project will comply with the NSW Animal Research Act 1985, Animal Research Regulation 2021, the Australian Code for the Care and Use of Animals for Scientific Purposes, NHMRC 8th ed. 2013 (The Code, updated 2021), and any other legislation, guidelines and conditions imposed by other jurisdictions where applicable.  All personnel listed in this application have been provided with a copy of the application, have agreed to being listed, and are familiar and will comply with the requirements of the Code.  I understand that only procedures documented in this application and approved by the AEC are permitted, and that a modification request must be submitted prior to any changes to this project.  I understand my reporting obligations to the AEC, including for unexpected adverse events, and annual and final reports.  I accept ultimate responsibility for the conduct of all procedures detailed in this application, and for the supervision of all personnel delegated to perform any such procedures.  I accept ultimate responsibility for all matters relating to the welfare of all animals used during this project.  I understand that I have an obligation to treat the animals with respect. I agree to comply with any conditions imposed by the AEC and communicate with the AEC as required.  Adequate resources, including funding and personnel, will be available for the conduct of the project.  Routine animal care will be provided by competent University staff and/or students as required. I accept ultimate responsibility for the care of those animals and ensuring that all unnamed individuals providing such care comply with the project approval and have the necessary competence for providing such care.  If applicable:  I have personally inspected the animal housing/holding facility to be used during this project and I am satisfied regarding the smooth running of the housing facility for the duration of the project. | | | |
| Signature |  | **Date** |  |

### B2 Team Members

If you are using student volunteers on the project they should **not** be listed below, they should be provided as a separate attachment to the application outlining their responsibilities. You should include a full list of all student volunteers used and the duties undertaken in your annual and end of project reports.

|  |  |  |  |
| --- | --- | --- | --- |
| Member #1 Name |  | | |
| Qualifications  Title, position, internal/external staff member |  | | |
| Project Responsibilities  e.g., animal handling, sample collection |  | | |
| Competent / Not yet Competent |  | | |
| Relevant Experience  If not competent, please describe how competency will be achieved or identify competent individual that will supervise at all times. |  | | |
| Email |  | | |
| Phone |  | | |
| Signature |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Member #2 Name |  | | |
| Qualifications  Title, position, internal/external staff member |  | | |
| Project Responsibilities  e.g., animal handling, sample collection |  | | |
| Competent / Not yet Competent |  | | |
| Relevant Experience  If not competent, please describe how competency will be achieved or identify competent individual that will supervise at all times. |  | | |
| Email |  | | |
| Phone |  | | |
| Signature |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Member #3 Name |  | | |
| Qualifications  Title, position, internal/external staff member |  | | |
| Project Responsibilities  e.g., animal handling, sample collection |  | | |
| Competent / Not yet Competent |  | | |
| Relevant Experience  If not competent, please describe how competency will be achieved or identify competent individual that will supervise at all times. |  | | |
| Email |  | | |
| Phone |  | | |
| Signature |  | **Date** |  |

### B3 Conflict of Interest Management and Mitigation

The Code defines conflict of interest as a ‘*situation in which a person’s individual interest or responsibilities have the potential to influence the carrying out of his or her institutional role or professional obligations, or where an institution’s interest or responsibilities have the potential to influence the carrying out of its obligations*.’

|  |
| --- |
| Conflicts of interest must be acknowledged, and management clearly explained below. |
|  |

### B4 Prior Offences and Animal Authority Cancellation Declarations

|  |  |
| --- | --- |
| Have any personnel participating in the proposed project been convicted in the last 3 years of an offence under: | |
| Animal Research Act 1985 or Regulations? | Yes  No |
| Prevention of Cruelty to Animals Act 1979 or Regulations? | Yes  No |
| National Parks and Wildlife Act 1974 or Regulations? | Yes  No |
| Exhibited Animals Protection Act 1986 or Regulations? | Yes  No |
| Biosecurity Act 2015 or Regulations? | Yes  No |
| Any equivalent Commonwealth, other State or Territory Statute or Regulations? | Yes  No |
| If you answered yes to any of the above, please provide details of the offence and any penalty imposed. | |
|  | |

### B5 Prior Authorities

|  |  |  |
| --- | --- | --- |
| Have any of the people participating in the project had any animal research authority or animal supplier’s licence cancelled?  If yes, provide the following details for each person: | | Yes  No |
| Name #1 |  | |
| Organisation |  | |
| Date |  | |
| Reason for cancellation |  | |
| Name #2 |  | |
| Organisation |  | |
| Date |  | |
| Reason for cancellation |  | |

### B6 Prior submission to this or another AEC

|  |  |  |
| --- | --- | --- |
| Has any substantial component of the described protocol been submitted to this AEC or another AEC (previously or currently)?  If yes, provide the following details: | | Yes  No |
| Name of the AEC to which it was submitted.  Reference No. (if applicable) |  | |
| Date of previous submission |  | |
| Brief description of previous submission |  | |
| Reason why this is being submitted again |  | |
| If the application was not approved, please provide the date this occurred and a summary of the reason for its rejection |  | |

Section C Animal Information

|  |  |
| --- | --- |
| TAXON / Species Code  *Refer to* [*NSW DPI*](https://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/1330905/Guide-for-reporting-animals-used-in-research-v3.pdf) | Choose an item. |
| Species Type - *Refer to strain or breed, e.g., Thoroughbred horse. For wildlife surveys the exact species of animals cannot be known but target species should be identified, and full information reported retrospectively to the AEC in the annual report* |  |
| Number of Animals   * Nominate the number of individual animals to be used over the project life. Ie One prac involving 150 animals conducted once a year for three years is 450 animals to be applied for. * One cohort of 25 animals used repeatedly for a sequence of interventions over a three year period is 25 animals to be applied for. * For wildlife surveys the exact number of animals cannot be known but should be estimated |  |
| Sex of Animals | Male  Female  Mixed  Unknown |
| Purpose - *Select the most appropriate Purpose Number (A1-A10) to describe the primary purpose of the project, only one purpose may be entered for each project. For examples refer to* [*NSW DPI*](https://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/1330905/Guide-for-reporting-animals-used-in-research-v3.pdf) | Choose an item. |
| Procedure - *Enter the highest appropriate Procedure Code (P1-P9) to describe the type of procedures carried out on the animals in the project. Include additional codes for each procedure category (as free notes) where different animals within the same project are subjected to different procedure categories. For examples refer to* [*NSW DPI*](https://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/1330905/Guide-for-reporting-animals-used-in-research-v3.pdf) | Choose an item. |
| Location - *Where address is not in the dropdown list provide location details as free text, in the case of wildlife projects stipulate to the nearest town.* | Choose an item. |
| Source of Animals - *For privately owned or commercially sourced animals, please include an ‘Animal use consent form’ and ‘Animal use information statement’.* | University livestock  Privately owned  Commercially sourced  Wildlife (remaining wild) |

Section D Permits, Licences, Collaborative Agreements and External Agencies (including funding)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide details of all licences required to undertake this project. List all licences that you have obtained. Where a licence is pending, enter PENDING under Start Date.  IMPORTANT  If a current licence is not held and is required, then any approval will be subject to the AEC being notified of receipt of a licence. The project may not commence without a licence. | | | | |
| Licence Name/Level | **Licencing Body** | **Holder** | **Start Date** | **Expiry Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Does this project involve collaboration with any external organisations?  If yes, provide the following details: | | Yes  No |
| Collaborator #1 Name (including title) |  | |
| Role in Project Team |  | |
| Organisation Position (Job title/role) |  | |
| Email |  | |
| Phone |  | |
| Collaborator #2 Name (including title) |  | |
| Role in Project Team |  | |
| Organisation Position (Job title/role) |  | |
| Email |  | |
| Phone |  | |

Please attach copies of:

* [collaborative research agreement](https://www.csu.edu.au/research/integrity-ethics-compliance/animal-ethics/resources/forms)
* the application
* an approval letter from the collaborating institution/s (if available).

|  |  |
| --- | --- |
| Are any of the collaborators from overseas organisations? | Yes  No |
| If yes, 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. | |

|  |  |  |
| --- | --- | --- |
| Is external funding associated with this project? | | Yes  No |
| 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 | | |
|  | | |
| Funding Source #1 |  | |
| External grant identifier  Research Office project number (6 digits) |  | |
| Investigators |  | |
| Funding Source #2 |  | |
| External grant identifier  Research Office project number (6 digits) |  | |
| Investigators |  | |
| 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. | | |
|  | | |

Section E: Declarations

## E1 Subject Co-ordinator Signature (for teaching projects only and if this is a different person to the Chief Investigator)

Having read the entire application, I confirm that:

The use of animals in this project will comply with the NSW Animal research Act 1985, Animal Research Regulation 2021, The Australian Code for the Care and Use of Animals for Scientific Purposes, NHMRC 8th Ed. 2013 (The Code, updated 2021), and any other legislation, guidelines and conditions imposed by other jurisdictions where applicable.

I accept responsibility for the conduct of all procedures detailed in this application and for the supervision of all personnel delegated to perform any such procedures and understand it is an offence to use animals unless approval in writing from the University’s Animal Ethics Committee (AEC) has been received.

That all supervisory personnel have read this application and have agreed to comply with procedures described and any conditions imposed by the AEC.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.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject Co-ordinator Name |  | | |
| Signature  (Return to Chief Investigator on signing) |  | **Date** |  |

E2 Animal Facilities Signature (if applicable)

**Option 1**

Having read the entire application, I confirm that:

* The appropriate resources are available or can be obtained in the Animal House/Holding Facility for **ALL** the animals requested for **ALL** the period of the project.
* The Animal House/Holding Facility staff can provide adequate maintenance and care of the animals during that time.

**OR**

**Option 2**

Having read the entire application, I confirm that:

* **SOME** of the animals in the Animal House/Holding Facility for **ALL** 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 (if required) at: |  |
| Facility address |  |
| Contact email address |  |

**OR**

**Option 3**

Having read the entire application, I confirm that:

* Housing and staff to provide adequate maintenance and care of the animals are **not** available in the animal house/holding facility for the animals requested during the period nominated.

|  |  |  |  |
| --- | --- | --- | --- |
| Facility approval representative manager |  | | |
| Signature  (Return to Chief Investigator on signing) |  | **Date** |  |

E3 Animal Manager Signature

Having read the entire application, I confirm that the animals have been ethically sourced and will be ethically managed/used.

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Manager Name |  | | |
| Signature  (Return to Chief Investigator on signing) |  | **Date** |  |

E4 Facility Manager Signature

Having read the entire application, I confirm that facilities listed in the application are fit for purpose and available for use in this project.

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Manager Name |  | | |
| Signature  (Return to Chief Investigator on signing) |  | **Date** |  |

E5 Head of School / Institute Executive Director Signature

Having read the entire application, I confirm the level of internal investment, resources and staff time that has been described is available and sufficient to complete this activity.

|  |  |  |  |
| --- | --- | --- | --- |
| HoS/Institute Executive Director Name |  | | |
| School or Institute Name |  | | |
| Email address |  | | |
| Signature  (Return to Chief Investigator on signing) |  | **Date** |  |