**Charles sturt university**

**Animal care and ethics committee**

**Use of Animals for Teaching or Practical Class Fieldwork Purposes**

**- Annual Report and Application for Continuation of Teaching Activity**

*Use this form to renew teaching or practical class fieldwork projects which have been approved by the ACEC for more than one year.*

**PLEASE ENSURE THAT this form IS submitted before the current period of approval expires. IF YOU DO NOT, YOU WILL NO LONGER BE AUTHORISED TO CONTINUE CONDUCTING YOUR TEACHING OR PRACTICAL CLASS FIELDWORK PROJECT AND YOU WILL BE REQUIRED TO SUBMIT A FRESH TEACHING OR PRACTICAL CLASS FIELDWORK APPLICATION.**

***To expedite resolution of any minor issues raised by the ACEC during consideration of your application for continuation of this project, please provide a mobile contact number appropriate for the duration of the relevant ACEC meeting. Alternatively, you are welcome to speak to your application at the meeting. If you wish to address the meeting, please contact the ACEC Secretary on 69334322.***

***Mobile Number:***

**NOTE: This form *must* be typed.**

# review of previously approved TEACHING ACTIVITY

## DETAILS OF CHIEF INSTRUCTOR

**Name**

**School / Section**

**School / Section address**

**Contact Details:**

|  |  |
| --- | --- |
| **Telephone** |  |
| **Between hours** |  |
| **After hours** |  |
| **Email Address** |  |

## TITLE OF teaching PROJECT

## details of MOST RECENT approval

**Approval Number**

**Date of meeting which granted approval**

**Species requested for use**

|  |  |  |  |
| --- | --- | --- | --- |
| **SPECIES** | **Common Name** | **Scientific Name** | **NUMBER** |
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**Animals Obtained From / Location of Fieldwork Study**

## details of animals actually used or surveyed

|  |  |
| --- | --- |
| **Species** | **Number Actually Used or Surveyed** |
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## list SUPERVISORY personnel involved (including university academic and technical staff)

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Title** | **Name** | **Qualifications** |
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## brief report on teaching project

*Please give a summary of the teaching work conducted, with reference to the benefit of using animals in this teaching program.*

## were the project aims stated in the application achieved?

Choose one: Yes 

No 

**If NO, explain why they were not achieved.**

## after care / disposal of animals (give details)

## describe any animal welfare problems or concerns that arose during the conduct of the teaching program.

## was an unexpected adverse event report lodged during the course of this teaching activity?

Choose one: Yes 

No 

**If YES, please provide the Report Number or Numbers below:**

## how might procedures be modified in future to reduce any impact on animal welfare?

## DID YOU HAVE TO USE EMERGENCY PROCEDURES DURING THE COURSE OF YOUR teaching program? IF SO, GIVE DETAILS.

## please provide details of any publications and / or presentations that have resulted from this teaching project.

## Please attach a sample(s) of a completed monitoring sheet used during the project.

# application for continuation of previously approved TEACHING ACTIVITY

## have any of the following details changed since you lodged your LAST APPLICATION with respect to this project? Delete the response that does not apply. if you answer “yes” to any of the questions below, complete and attach a [project modification request form](http://www.csu.edu.au/research/ethics_safety/animal/acec-guide).

|  |  |
| --- | --- |
| 1. Project Title | Yes / No |
|  |  |
| 1. The name of the person who is to be the Instructor for the proposal | Yes / No |
|  |  |
| 1. Names and qualifications of Supervisory Personnel involved in the project | Yes / No |
|  |  |
| 1. That the qualification and experience of personnel involved in the project are appropriate to the procedures to be performed | Yes / No |
|  |  |
| 1. The aims of the project and procedures to be employed | Yes / No |
|  |  |
| 1. Details of the educational objectives of the project | Yes / No |
|  |  |
| 1. Details of the teaching / survey techniques, including surgical or other procedures to be used, doses of anaesthetic, analgesic, tranquillising agents, methods to be adopted to ensure that anaesthesia is adequate and, if animals are to be killed, the method by which they will be killed humanely | Yes / No |
|  |  |
| 1. Source of animals and any permits for obtaining animals | Yes / No |
|  |  |
| 1. Number of animals required | Yes / No |
|  |  |
| 1. Justification for this number of animals | Yes / No |
|  |  |
| 1. Details of animal care and housing during the project, including location | Yes / No |
|  |  |
| 1. Arrangements made for the disposal of the animals at the completion of the teaching project | Yes / No |
|  |  |
| 1. Justification of the project in terms of potential value of the educational objectives | Yes / No |
|  |  |
| 1. Reasons why animals are necessary for the project and why techniques which do not use animals have been rejected as unsuitable | Yes / No |
|  |  |
| 1. Details of how attainment of educational objectives will be assessed | Yes / No |
|  |  |
| 1. Identification of, and justification for, the use of any animal that has been the subject of previous research or teaching | Yes / No |
|  |  |
| 1. Justification for any repetition of any previously performed research or teaching | Yes / No |
|  |  |
| 1. Identification of and justification for all procedures which have the potential to cause pain or distress | Yes / No |
|  |  |
| 1. Techniques which may cause pain or distress. Measures to be taken to minimise pain or distress must be detailed | Yes / No |
|  |  |
| 1. Any features of the proposal which raise special ethical consideration | Yes / No |
|  |  |
| 1. Any health risks to other animals, or to staff | Yes / No |

## give dates over which continued approval is sought (Use DD/MM/YY format)

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**Declaration of Responsibilities**

### Declaration by the Chief Instructor for Continuing Projects

I certify that the use of animals in this project will conform with the NSW legislation and the general principles of the NHMRC / CSIRO / ARC / AVCC *Australian Code for the Care and Use of Animals for Scientific Purposes*. 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.

I confirm that all supervisory personnel have read this application and have agreed to comply with procedures described and any conditions imposed by the ACEC.

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.

|  |  |
| --- | --- |
| Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Print Name) |  |

### Declaration by Head of School / Section (as applicable)

I have read this application and am satisfied that the use of animals is justified on scientific, educational or diagnostic grounds.

|  |  |
| --- | --- |
| Head of School / Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Print Name) |  |
| School / Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Submit this form to: **The ACEC Secretary, Animal Care and Ethics Committee**

**Email:** [**animalethics@csu.edu.au**](mailto:animalethics@csu.edu.au)