



# HUMAN RESEARCH ETHICS COMMITTEE

## PROTOCOL VARIATION REQUEST FORM

ADDRESS FOR CORRESPONDENCE:  
Human Research Ethics Committee, Cerebral Palsy Alliance  
PO Box 6427, Frenchs Forest NSW 2086  
Phone 02 9975 8000

The committee accepts scanned copies of signed forms via email: [ethics@cerebralpalsy.org.au](mailto:ethics@cerebralpalsy.org.au)

| ADMINISTRATION                                                                                                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| HREC Approval No.                                                                                                                                                                                                                                                                                                                    |  |
| Project Title (as appears on the approval notification):                                                                                                                                                                                                                                                                             |  |
| Approval date:                                                                                                                                                                                                                                                                                                                       |  |
| Chief Investigator name and contact details:                                                                                                                                                                                                                                                                                         |  |
| VARIATION REQUEST HISTORY                                                                                                                                                                                                                                                                                                            |  |
| <input type="checkbox"/> First variation request                                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> If previous requests have been made please list what was variations were requested and dates of approval:                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                      |  |
| THIS VARIATION REQUEST                                                                                                                                                                                                                                                                                                               |  |
| <b>1. Does this variation involve changes to the research personnel working on the project? Yes <input type="checkbox"/> No <input type="checkbox"/></b>                                                                                                                                                                             |  |
| If yes, please complete below                                                                                                                                                                                                                                                                                                        |  |
| <b>Addition of research personnel: (leave blank if not applicable)</b>                                                                                                                                                                                                                                                               |  |
| Name                                                                                                                                                                                                                                                                                                                                 |  |
| Qualifications                                                                                                                                                                                                                                                                                                                       |  |
| Mailing address:                                                                                                                                                                                                                                                                                                                     |  |
| Telephone:                                                                                                                                                                                                                                                                                                                           |  |
| Email address                                                                                                                                                                                                                                                                                                                        |  |
| Role on the research project:                                                                                                                                                                                                                                                                                                        |  |
| <b>Deletion of personnel: (leave blank if not applicable)</b>                                                                                                                                                                                                                                                                        |  |
| Name                                                                                                                                                                                                                                                                                                                                 |  |
| Qualifications                                                                                                                                                                                                                                                                                                                       |  |
| Mailing address:                                                                                                                                                                                                                                                                                                                     |  |
| Telephone:                                                                                                                                                                                                                                                                                                                           |  |
| Email address                                                                                                                                                                                                                                                                                                                        |  |
| Role on the research project:                                                                                                                                                                                                                                                                                                        |  |
| <b>2. Does this variation involve changes to the research protocol? Yes <input type="checkbox"/> No <input type="checkbox"/></b>                                                                                                                                                                                                     |  |
| If yes, where appropriate, present in terms of <b>from</b> the existing protocol <b>to</b> the new protocol and rationale behind the change (Attach the original of any documents that are new or revised as result of the variation. For revised documents, please highlight the changes and identify them with version # and date) |  |

**3. Does this variation involve recruiting new participants groups, or changing the way in which the participants are to be recruited? Yes  No**

If yes, provide full details using the following headings:

What is the participant group?

What is the number of participants involved and what is the justification for choosing this number?

From where will the participants be recruited?

How and by whom will participants be approached to receive the invitation to participate?

**4. Are there any other ethical considerations that are raised by the proposed variations Yes  No**

If yes, provide details below:

**5. Are there any governance considerations that are raised by the proposed variations Yes  No**

If yes, provide details below:

**6. Revised documentation**  
Please list all the documentation that needs to be revised and is being submitted with this request for variation.

**DECLARATION**

In signing this request form, I declare that:

- The research protocol conforms to the National Statement on Ethical Conduct in Human Research (2007), which I have read
- The variation will not be implemented prior to receiving approval from the ethics committee.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_