HUMAN RESEARCH ETHICS COMMITTEE

ANNUAL PROGRESS / FINAL REPORT 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

ADMINISTRATION	
HREC Approval No.	
Project Title	
Select:	☐ Annual progress report ☐ Final report

PROJECT STATUS

☐ In progress ☐ Completed ☐ Not commenced ☐ Abandoned

Please provide a short (50 word) summary of the project (from initial Ethics application)

Progress: *Please tick and/or include additional information as required*

☐ I confirm that I have complied with the conditions of ethical approval including security of records and procedures for consent.
If otherwise, please give details:

☐ I confirm that there have not been any adverse events/unanticipated issues that have arisen.
If otherwise, please give details:

☐ I confirm that I have not received any complaints concerning the research.
If otherwise, please give details:

☐ I confirm that proportion of the target sample has been enrolled in the study.

☐ I confirm that portion of the data has been collected.

Major findings (include mention of any ethical issues that have arisen, and how they have been resolved) (maximum 2 pages):

Intended journals for publication of results:

☐ I confirm that I will forward copies of any published articles to the Ethics Committee once in print.

PLEASE COMPLETE ONLY IF ETHICS APPROVAL PERIOD IS EXPIRING
If you require an extension of your ethics approval period, please indicate length required and briefly describe reason for ethics extension.

DECLARATION

I confirm that this project is being conducted / has been conducted in accordance with the NHMRC National Statement on Ethical Conduct in Research involving Humans (2007), and as originally approved by the Human Research & Ethics Committee (and subject to any changes subsequently approved). I confirm that I have notified the Committee of any ethically relevant variations in the research, or adverse events.

Name: Signature: Date: