|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Zoos Victoria Animal Ethics Committee Amendment Request Form | | | | | | | | | | | |
| Office Use Only | | | | | | | | | | | |
| **ZV Project Reference No.** | | | **ZV....…………** | | | | **Date Received:** | | **/ /** | |
| **Approved by ZV Senior Property Managers:** | | | | **AEC Meeting Date: / /** | | | **ASMP listed species?** | | **Yes**  **No** | |
| **NOTES ON COMPLETION OF THIS REQUEST FOR AMENDMENT FORM**   1. Requests for amendment must be written in plain English. It should not be assumed that assessors have scientific knowledge or knowledge of your area of research. Where scientific language is used, it must be supported by a clear lay explanation or a glossary of terms. 2. You should ask a colleague and a person lacking a scientific background to read the request for amendment before it is submitted. 3. A revised application, with all relevant sections and attachments updated to include the amendments, must be submitted with this request. | | | | | | | | | | | |
| SECTION 1: PROJECT SPECIFICS | | | | | | | | | | | |
| 1.1 Project details | | | | | | | | | | | |
| ZV Project Reference No. | |  | | | | | | | | | |
| Project Title | |  | | | | | | | | | |
| Commencement Date | |  | | | | | | | | | |
| Current Completion Date | |  | | | | | | | | | |
| Principal Investigator | |  | | | | | | | | | |
| Telephone | |  | | | | | | | | | |
| Email | |  | | | | | | | | | |
|  | |  | | | | | | | |  | |
| SECTION 2: REQUESTED CHANGES | | | | | | | | | | | |
| **2.1**  **Time extension** | | | | | | | | | | | |
| **Please state the proposed new completion date and the reason(s) for the requested time extension.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.2**  **Additional animals** | | | | | | | | | | | |
| **2.2.1** **Specify the species and number of additional animals that you wish to use.** Please use a separate line for animals sourced externally and those at each property.*Melbourne Zoo (MZ), Healesville Sanctuary (HS), Werribee Open Range Zoo (WORZ).*  **Note that if the experience of any animals differs from that which has already been approved for this project, you must also provide these details in Section 2.5.** | | | | | | | | | | | |
| **Species (common & scientific name)** | | | **Sex** | | **Source (include both ZV and external)** | **Number approved** | | **Number used to date** | **Additional number requested** | | |
|  | | |  | |  |  | |  |  | | |
|  | | |  | |  |  | |  |  | | |
|  | | |  | |  |  | |  |  | | |
| **2.2.2 Please state the reason(s) for the additional animals and justify the number.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.3**  **Additional personnel** | | | | | | | | | | | |
| 2.3.1 Please list all additional personnel involved. Add further lines as required. | | | | | | | | | | | |
| Name | Institution | | | Qualifications | | Telephone | | Email | | | |
|  |  | | |  | |  | |  | | | |
|  |  | | |  | |  | |  | | | |
|  |  | | |  | |  | |  | | | |
| **2.3.2 List the procedures these people will be performing on animals in this project.**  Sufficient evidence must be provided tosatisfy the AEC of each person’s competency in the listed procedures. If training is required in order to achieve competency, include details of the trainer’s experience and competency. (*Procedure* in this context means any activity that involves handling, trapping or monitoring of animals.) Add further lines as required. | | | | | | | | | | | |
| Name | Procedure | | | Species | | Proof of competence to perform the procedure or details of training to be undertaken and supervisor’s name | | | | | |
|  |  | | |  | |  | | | | | |
|  |  | | |  | |  | | | | | |
|  |  | | |  | |  | | | | | |
| **2.4**  **Removal of personnel** | | | | | | | | | | | |
| 2.4.1 Please list all personnel no longer involved in the project. Add further lines as required | | | | | | | | | | | |
| Name | Reason for removal | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |

|  |
| --- |
| **2.5**  **Any other changes (e.g., change to technique, procedure, experimental design, husbandry, location of research, sample collection, required welfare monitoring).** If the changes are substantial, please consult with the ZV Research Manager to determine if the changes are significant enough to require a new application. |
| **2.5.1 Please provide full details and justification of the proposed changes, including a step-by-step summary of what will happen to each animal or group of animals that is different from the procedures already approved.** |
|  |
| **2.5.2 For the changes detailed above, please describe any expected sources of pain, discomfort or distress and the steps that will be taken to minimise these. Include a description of how animals will be monitored for signs that intervention may be required to alleviate suffering and the nature of these interventions.** |
|  |
|  |

|  |
| --- |
| **SECTION 3: APPLICANT DECLARATIONS** |
| **3.1 New Associate Investigator(s). To be signed by each Associate Investigator that has been added to the project.** |
| I hereby declare that:   1. I have read the research proposal and accept responsibility for implementing the procedures detailed in this amendment and those in the original application. 2. I am familiar with, and will comply with, the requirements of the NH&MRC Australian code for the care and use of animals for scientific purposes (The Code). I accept responsibility for implementing the procedures detailed here and in the original application, in accordance with the principles contained in The Code. 3. I am familiar with, and will comply with, the requirements of the *Prevention of Cruelty to Animals Act 1986* (The Act) and Regulations 2008 (The Regulations). I accept legal responsibility for ensuring that the use of animals for scientific purposes complies with the conditions laid down by The Act. 4. I shall not transfer any data or samples provided by Zoos Victoria to another recipient or use these samples or data for purposes other than those detailed here or in the original application without prior consultation with, and approval from, Zoos Victoria.   Name:  Signature: Date:  Name:  Signature: Date:  *Please add further associate investigators as required.* |
|  |
| **3.2 Principal Investigator** |
| I hereby declare that:   1. Due care has been taken to ensure that the information I have provided is true and correct. 2. The qualifications and experience of any additional personnel conducting research are appropriate to the procedures described in this request for amendment. 3. Adequate resources will still be available to undertake this project. 4. I shall not transfer any data or samples provided by Zoos Victoria to another recipient or use these samples or data for purposes other than those detailed here or in the original application without prior consultation with, and approval from, Zoos Victoria.   Name:  Signature: Date: |
|  |

|  |  |
| --- | --- |
| **SECTION 4: ZV ENDORSEMENT & DECLARATION (OFFICE USE ONLY)** | |
| * 1. **Endorsement of Director, Wildlife Conservation and Science** | |
| This project has been discussed with me, and I am satisfied that it is consistent with the current research and conservation objectives of Zoos Victoria. | |
| Name: **Dr Sally Sherwen**  Signature: Date: | |
| * 1. **Endorsement of Chair Zoos Victoria Animal Ethics Committee (If applicable)** | |
| The ZV Animal Ethics Committee is satisfied that the qualifications and experience of all personnel conducting research are appropriate to the procedures described in this application and that animal welfare and other ethical issues have been adequately addressed.  I confirm that all third parties which require notification or consultation regarding this research have been contacted.  Name: **Prof Andrew Fisher**  Signature: Date: | |
| **5.3 Endorsement of Property-based General Manager of Life Sciences** | |
| This project has been discussed with me, and I am satisfied that the relevant Zoos Victoria staff have been consulted, and that time and resources are available for the project to commence.  Name:  Signature: Date: | |
| **5.4 Endorsement of Zoos Victoria Senior Property Veterinarian** | |
| I am satisfied that all aspects of this project have been discussed with the relevant Zoos Victoria staff, that the proposed use of animals is acceptable, and that (where relevant) the proposed use of tissue samples presents no disease/health risks.  Name:  Signature: Date: | |
| **5.5 Endorsement of Zoos Victoria Property Director** | |
| I am satisfied that all aspects of this project have been discussed with the relevant Zoos Victoria staff; that the objectives of the project fall within the scope of Zoos Victoria’s Vision; that the proposed use of animals is acceptable; and that time and resources are available to implement the project.  Name:  Signature: Date: | |
| All correspondence for research at Zoos Victoria should be directed to [research@zoo.org.au](mailto:research@zoo.org.au) | |
| OFFICE USE ONLY | |
| **Period of Approval:** | From: To: |
| **Principal Investigator notified:**  **ZV General Manager Life Sciences notified:** | Date:  Date: |
| **Comments:** | |