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**Notification of Amendments and Changes Form**

**Applicant Details**

|  |  |
| --- | --- |
| **Applicant name** |  |
| **School** |  |
| **Contact email** |  |
| **Supervisor name(s) (if applicable)** |  |

**Study Details**

|  |  |
| --- | --- |
| **Study Title** |  |
| **QMU Ref. No. (if applicable)** |  |
| **Start Date** |  |
| **End Date** |  |

**Proposed Amendments/Changes**

Select all that apply:

|  |  |
| --- | --- |
| Amendment to information previously provided in the Research Ethics Application form | Yes/No |
| Amendment to protocol | Yes/No |
| Amendment to the information sheet(s) and consent form(s) for participants, or to any supporting documentation for the study | Yes/No |
| **Other** | Yes/No |
|  | |
| **Details of Proposed Amendments/Changes**  Please provide a brief summary of the proposed amendments/changes: | |
|  | |

**Updated Application Documentation:**

Please complete the declaration on page 2 and then submit this form, along with all updated application documentation (clearly highlighting in yellow where changes have been made, to the Research Ethics Committee that granted ethical approval for the original study.

# Declaration:

**You** **must agree with all declarations below by ticking all the boxes before submitting this form.**

I have read the University's Research Ethics Guidelines and, as such, I am familiar with the University's policies and procedures for research integrity and ethics, and I agree to abide by these regulations.

I will abide by the Data Protection Act (2018) and General Data Protection Regulation (2018) and data generated in the course of the research will be managed in accordance with the University's Research Ethics Policy.

I have not uploaded any documentation that is classed as security-sensitive under the Terrorism Act (2006) and/or the Counter Terrorism and Security Act (2015).

I have uploaded all relevant files or provided an explanation where it has not been possible.

The information provided here is correct and current.

I will inform the Committee of any changes or additions to the proposed research and will not proceed with new or amended elements of the research until approval has been obtained.

I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

**Optional:** only tick the below box if you are happy with QMU ethics using your application for training purposes (All personal identifiers and references to sponsors, funders and research units will be removed).

I give consent for my application to be used for training purposes.

# Electronic signatures

(Print name or add electronic signature)

|  |  |
| --- | --- |
| Applicant name |  |
| Date |  |

|  |  |
| --- | --- |
| Supervisor name |  |
| Date |  |

For student applicants only:

# For DivREC/UREC Use Only:

|  |  |
| --- | --- |
| Status of application: | Approval granted (applicant can now proceed with research)  Amendments required (return to applicant for re-submission)  Rejected (return to applicant) |
| Confirmation of Ethical Approval: | |
| DivREC/UREC Reviewer Signature |  |
| Date |  |