

4.4 Declaration Form and Checklist

Please print this declaration form and obtain the required signatures. Once completed, this form should be re-scanned into an appropriate electronic format and sent to homer@nhmrc.gov.au in conjunction with the self assessment and nomination forms.

Declarations

Head of institution

I confirm that, to the best of my knowledge, all information contained in this form and the attached self assessment tool, is correct and accurate. I nominate the ethical review processes of this institution for certification. I understand that the ethical review of multi-centre health and medical research carried out by this institution's HREC may be used by other institutions to fulfil their obligations under the National Statement and inform their decision on the conduct of research at their institution.

I authorise staff and members of the Human Research Ethics Committee to co-operate with the certifying body including sharing confidential institutional information relevant to the ethical review process and institutional support.

I acknowledge a confidentiality and conflicts of interest declaration will be provided to the certifying body by assessors conducting on-site visits.

Signature of Head of institution	s 47F
Date	24/2/11
Print name of Head of institution	s 47F

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Chair of Human Research Ethics Committee

I confirm that, to the best of my knowledge, all information contained in this Form, as it relates to the ethical review process of the Human Research Ethics Committee that I Chair is correct and accurate.

I understand that certification of the ethical review outcome of the deliberation of the Committee that I Chair may be used by other institutions to fulfil their obligations under the National Statement and inform their decision on the conduct of research at their institution. I attest that all members of the Committee have the same understanding.

Signature of Chair of Human Research Ethics Committee	s 47F
Date	17/02/11
Print name of Chair of Human Research Ethics Committee	s 47F