**Notification of Change in Personnel**

**Part A: Project information**

|  |  |
| --- | --- |
| **Full project title** | Click here to enter text. |
| **Simplified project title** (24 character limit) | Click here to enter text. |
| **Lead organisation for Project** (include Department and School/Faculty if applicable)  | Click here to enter text. |
|  |
| **Authorised delegate** **for Project** |
| **Title and Full Name** | Click here to enter text. |
|  |
| **Is this notification to replace the current Authorised Delegate?** (exiting Authorised Delegate must co-sign declaration in Part C) | [ ]  Yes[ ]  No |
|  |  |
| **Is this notification to delete an investigator?** | [ ]  Yes[ ]  No |
| **Title and Full Name** (multiple names can be inserted if required) | Click here to enter text. |
|  |  |
| **Is this notification to add an investigator?** (Please add details for all new investigators, including Authorised Delegate, in Part B) | [ ]  Yes[ ]  No |
|  |
| **Attachments** [ ]  Ethics Committee Change of Personnel Form and Confirmation of Change in Personnel  |

**Part B: New investigator information – Researcher virtual computing environment establishment**

**Investigator 1**

|  |  |
| --- | --- |
| **Title and Full Name** | Click here to enter text. |
| **Position**  | Click here to enter text. |
| **Organisation** (include Department and School/Faculty if applicable)  | Click here to enter text. |
| **Postal address**  | Click here to enter text. |
| **Email**  | Click here to enter text. |
| **Phone number**  | Click here to enter text. |
| **Mobile number**  | Click here to enter text. |
|  |
| **Position on research study** | Click here to enter text. |
| **SURE user type** (standard, supervisory, power)  | Click here to enter text. |
| **Existing SURE user** | Is the investigator registered as part of another SURE project?[ ]  Yes [ ]  No |
| Statistical analysis software requirements (tick which apply; listed software are those for which SURE currently have licensing agreements)[ ]  SAS [ ]  Stata [ ]  MLWin [ ]  Stat/Transfer |
| **Other information** |

**Investigator 2**

|  |  |
| --- | --- |
| **Title and Full Name** | Click here to enter text. |
| **Position**  | Click here to enter text. |
| **Organisation** (include Department and School/Faculty if applicable) | Click here to enter text. |
| **Postal address** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Phone number**  | Click here to enter text. |
| **Mobile number**  | Click here to enter text. |
|  |
| **Position on research study** | Click here to enter text. |
| **SURE user type** (standard, supervisory, power)  | Click here to enter text. |
| **Existing SURE user** | Is the investigator registered as part of another SURE project?[ ]  Yes [ ]  No |
| Statistical analysis software requirements (tick which apply; listed software are those for which SURE currently have licensing agreements)[ ]  SAS [ ]  Stata [ ]  MLWin [ ]  Stat/Transfer |
| **Other information** |

**Investigator 3**

|  |  |
| --- | --- |
| **Title and Full Name** | Click here to enter text. |
| **Position**  | Click here to enter text. |
| **Organisation** (include Department and School/Faculty if applicable) | Click here to enter text. |
| **Postal address** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Phone number**  | Click here to enter text. |
| **Mobile number**  | Click here to enter text. |
|  |
| **Position on research study** | Click here to enter text. |
| **SURE user type** (standard, supervisory, power)  | Click here to enter text. |
| **Existing SURE user** | Is the investigator registered as part of another SURE project?[ ]  Yes [ ]  No |
| Statistical analysis software requirements (tick which apply; listed software are those for which SURE currently have licensing agreements)[ ]  SAS [ ]  Stata [ ]  MLWin [ ]  Stat/Transfer |
| **Other information** |

**Part C: Authorised delegate declaration**

**Name** Click here to enter text.

**Position** Click here to enter text.

**Signature**

**Date** Click here to enter text.

*For Change of Authorised Delegate only*

**Signature of Exiting Authorised Delegate** Click here to enter text.

**Date** Click here to enter text.