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| **CLINICAL TRIAL STUDY TEAM DECLARATION – ANNUAL FORM** |
| **Period Valid – From:** | <insert date> | **Until:** | <insert date> |
| **Declaration by Principal Investigator, Associate Investigators and other research personnel****All research personnel involved in conducting the study** must be provided with the CALHN Clinical Trials SSA Form, HREC approval letter and Study protocol. A separate declaration via email must be provided for each team member.I certify that:1. I have had access to and read the [National Statement on Ethical Conduct in Human Research 2023](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2023) and the [Australian Code for the Responsible Conduct of Research 2018](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018).
2. The research will be conducted in accordance with all ethical and research governance arrangements of the organisations involved.
3. I have no conflicts of interest or have disclosed any conflicts of interest to the ethics review committee and CALHN Research Office and will manage them in accordance with the National Statement and the Code.
4. I will maintain the confidentiality, integrity, privacy and security of information in accordance with the [Department of the Premier and Cabinet (DPC) Circular 12 (PC012) Information Privacy Principles Instructions,](https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars) [SA Health Privacy Policy Directive,](https://www.sahealth.sa.gov.au/wps/wcm/connect/60b8550041526f138c0d8ee8f09fe17d/Directive_Privacy_30052017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-60b8550041526f138c0d8ee8f09fe17d-lNmOOny) and [Australian Privacy Principles.](https://www.oaic.gov.au/privacy/australian-privacy-principles/read-the-australian-privacy-principles)
5. I will only commence this research project after ethics approval and governance authorisation have been obtained.
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| First Name, Surname | dd/mm/yy |  |
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