Mae’r ddogfen hon hefyd ar gael yn Gymraeg / This document is also available in Welsh

**PLEASE NOTE: This form must be completed by the Project Leader and submitted with all relevant documents to the relevant School Ethics Committee   
Participant recruitment or data collection MUST NOT commence until amendments to the existing ethics approval have been obtained.**

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| Name of applicant: | Click here to enter text. |
| Supervisor (if student project): | Click here to enter text. |
| School / Unit: | Click here to enter text. |
| Full Project/Study Title: | If using a working title, it should convey what the project is about |
| Funding Body (if applicable): | Click here to enter text. |
| Other researcher(s) working on the project: | If your collaborators are external to Cardiff Met, include details of the organisation they represent. |
| Ethics /Project Approval Reference Number: |  |
| Date Study Commenced: |  |
| Amendment Number: |  |

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| **Type/s of amendment** |
| Please describe fully the amendments/s you are applying for: |
| **Additional relevant information** |
| Click here to enter text. |

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| **List of enclosed documents** |
| Please list here the documents you are submitting for amendment e.g. participant information sheets, consent forms etc. |

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| **DECLARATION:**  **I confirm that this information in this form is accurate to the best of my knowledge and take full responsibility for it.**  **Name: Date:** |

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| **Research Ethics Committee use only** | | | |
| Decision reached: | Amendment approved | |  |
| Amendment approved in principle | |  |
| Decision deferred | |  |
| Amendment not approved | |  |
| Project reference number: Click here to enter text. | | | |
| Name: Click here to enter text. | | Date: Click here to enter a date. | |
| Signature: | | | |
| Details of any conditions upon which approval is dependant:  Click here to enter text. | | | |