|  |  |
| --- | --- |
|  | **LOW RISK STUDY TEAM DECLARATION** |
| **Project Title** | Click or tap here to enter text. |
| **Reference Number** | Click or tap here to enter text. |
| **Declaration by Principal Investigator, Associate Investigators and other research personnel.**  **All research personnel involved in conducting the study** must be provided with the CALHN EGA Form and study protocol. A declaration must be provided by all research team members.  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), the [Australian Code for the Responsible Conduct of Research 2018](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018) and the [SA Health Research and Ethics and Governance Policy](https://www.sahealth.sa.gov.au/wps/wcm/connect/0fb971004aaf196b9a0dfa7633bbffe0/Research%2BEthics%2Band%2BGovernance%2BPolicy+v4.1+FINAL.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-0fb971004aaf196b9a0dfa7633bbffe0-pe-p-1m). 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 [Health Care Act (2008)](https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FHealth%20Care%20Act%202008), [Mental Health Act (2009)](https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FMental%20Health%20Act%202009), [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 have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these. 6. I will only commence this research project after ethics approval and governance authorisation have been obtained. | |

|  |  |  |
| --- | --- | --- |
| **Name** | **Date** | **Signature\*** |
| First Name, Surname | dd/mm/yy |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*The study team declaration may be submitted via email in lieu of signature. A typed in signature will not be accepted.*

