FORM C – TO BE COMPLETED ON BEHALF OF THE REGISTERED PERSON BY:

HEAD OF DEPARTMENT *or* REPRESENTATIVE OF LEAD ORGANISATION

I have read the project application and I am satisfied that the use of animals is justified on scientific, educational or diagnostic grounds. I am authorised on behalf of the Registered person and I am satisfied that the Principal Investigator has appropriate authority, qualifications, experience and resources to carry out their responsibilities in line with the project described in this document.

Project Title:

Name of Principal Investigator:

Declaration:

|  |  |  |
| --- | --- | --- |
|  |  | on |
| Full Name | Signature | Date |

|  |  |
| --- | --- |
| Title: |  |

|  |  |
| --- | --- |
| Position: |  |

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| --- | --- | --- | --- |
| Department/Organisation: |  | | |
| Registration No. |  | Registration Expiry Date |  |

**For all non-CDU organisations:** Please provide the contact details for the organisation Executive Officer/Director/Head of Department (the representative of the Registered person- this should not be the Principal Investigator).

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Position:** | | |
| **Address:** | | |
| **Email address:** | | |
| **Contact phone numbers** | **T:** | **M:** |

If your Registration is set to expire over the next 12 months, please note that you must apply for a renewal at least 6 weeks in advance. Any lapse in Registration may result in ethics approval being suspended, and the cessation of all research and teaching activities under this Registration. Please see the [Animal Welfare Authority](https://nt.gov.au/environment/animals/animal-welfare/apply-for-licence-for-animals-in-teaching-or-research) website for additional information.