**Research Notification Form**

1. **Applicant details**

|  |  |  |
| --- | --- | --- |
| 1.1 | Name of Applicant(s) |  |
|  |  |  |
| 1.2 | Position of Applicant(s) |  |
|  |  |  |
| 1.3 | School and Faculty |  |
|  |  |  |
| 1.4 | Contact Phone |  |
|  |  |  |
| 1.5 | Supervisor (if applicable) |  |
|  |  |  |
| 1.6 | Project Title |  |
|  |  |  |
| 1.7 | Project Start Date and Duration |  |

2. Attach the completed Low Risk Research Questionnaire

3. If your project has been approved by another Ethics Committee, include your application to them as well as their final approval letter.