



**SCHIZOPHRENIA
RESEARCH
BANK**

ASRB Renewal of Volunteer Access Form

Office use only:

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1. APPLICANT DETAILS

Chief investigator or project supervisor (include title, name, position, qualifications)

Other investigator(s) (include title, name, position, qualifications)

Administering department and institution

Contact details (include name of contact person, mailing address, telephone, facsimile and e-mail details)

2. RESEARCH PROJECT

Title of project

3. APPROVAL DETAILS

Human Research Ethics Committee Name and reference number for the project?

Ethics approval date

4. PROJECT STATUS

Has the project commenced?

YES / NO

If yes, when did the project commence? (dd/ mm/ yy)

5. PROJECT UPDATE

Give a brief summary of your objectives and achievements for the first six months of access to the ASRB. Please include details about the number of ASRB volunteers you have contacted and how many have taken part in your project.

6. JUSTIFICATION FOR RENEWAL OF VOLUNTEER ACCESS

Why is the renewal of access to ASRB volunteers necessary?

7. ANY VARIATIONS TO THE APPROVED PROTOCOL

Has your study varied from the approved protocol ?

YES / NO

If YES, please complete and submit an ASRB Variation Application Form (see Guidelines for Researchers Booklet for details).

Will your study vary from the approved protocol as part of this renewal application?

YES / NO

If YES, please complete and submit an ASRB Variation Application Form (see Guidelines for Researchers Booklet for details).

SIGNATURES:

I certify that the above information is correct and that the proposed research will not vary from that outlined above without prior approval from the ASRB Access Committee.

Chief Investigator:

Date: