

The Victorian Foundation for Survivors of Torture Inc.

	CE USE ONLY		
	ived Date:		
Appı	roval Date:		
	VFST Insti	tutional Ethics C	ommittee
	Application for Ap	proval of Modif	ication to Project
			sed in this application must from the Ethics Committee
	<u>-</u>		
1.	Project Identification	Number:	
2.	Project Title:		
3.	Principal Investigator	4.	
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Insti	itution:		
Scho	ool and Faculty/Centre:		
	phone:	Fax:	Email:
	ervisor's Name (if applical	ole):	

## 4. Modifications Proposed

Please <u>describe</u> the modifications that you will make to the project and <u>explain</u> the reasons for the modifications. Modifications may include changes to the project aims, sampling procedures or participants, methods of data collection, duration of project, or revisions to consent forms or project information sheets/fliers. Please indicate whether any ethical issues have prompted these modifications.

Signatures:						
Principal Investigator:	Date:	/	/			
Supervisor (where applicable)	Date:	/	/			

Please submit one completed form per email to biesheuvela@foundationhouse.org.au and one singed hard copy by post to Anita Biesheuvel, c/o VFST, Research & Policy Unit, 4 Gardiner Street, Vic, 3056

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