**Annual Declaration by Associate Investigators and other Research Project team members**

**I/we certify that:**

1. All information in the SSA Amendment Form and in the table below is truthful and as complete as possible.

2. I/we have had access to and read the [NHMRC National Statement on Ethical Conduct in Human Research 2007](https://www.nhmrc.gov.au/guidelines-publications/e72) (National Statement) and the [Australian Code for the Responsible Conduct of Research 2007](https://www.nhmrc.gov.au/guidelines-publications/r39) (the Code).

3. The research will be conducted in accordance with all ethical and research governance arrangements of the organisations involved.

4. I/we 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.

5. I/we will maintain the confidentiality, integrity, privacy and security of information in accordance with the [SA Health Code of Fair Information Practice 2004](https://www.rahresearchfund.com.au/wp-content/uploads/2016/07/CodeOfFairInformationPractice-PIGR-1206.pdf), [SA DPC PC012 Information Privacy Principles, Instructions and Privacy Committee Proclamation](http://dpc.sa.gov.au/premier-and-cabinet-circulars) and [Australian Privacy Principles 2014](https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles).

6. I/we have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these.

7. I/we will only commence this research project after obtaining ethics approval and governance authorisation.

|  |
| --- |
| **Associate Investigators and other Project team members** |
| **Name** | **Contact Details** | **Role** | **Employer**(If student enter name of University) | **SA Health Insurance**Y/N (if N, provide copy of insurance certificate from employer/ University) | **Confidentiality Deed if non-SA Health employee**Y/N/NA(if yes attach copy of signed Deed) | **CV**Y/N/NA | **Employee** **Number** | **Signature** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |