Ethics Review Board

Change in Project Personnel Form

This form is to be used when notifying PHO Ethics Services of a change in project personnel. If the proposed project team member’s involvement has implications for the ethical execution of the project (e.g., new team member is in a position of power or authority relative to potential project participants, or has access to sensitive data), a project amendment form may be required.

To submit an ERB Change in Project Personnel Form, email the form (and appended list of additional project team members if multiple team members are added) to ethics@oahpp.ca

For assistance completing this form, contact your PHU’s ethics designate, or PHO Ethics Services at ethics@oahpp.ca.

1. Project Information

Project ID Number: Enter project ID number.

Project Title: Enter project title.

1. [Lead Applicant (as indicated on ERB Application Form)](#LeadApplicant" \o "This is the individual who is responsible for leading the project. This individual may be the principal applicant or the operational research lead. The Lead Applicant may be internal or external.)

(The authorized individual responsible for the scientific and ethical conduct of the project and for the conduct of the project team)

First Name: Enter first name.

Last Name: Enter last name.

*Complete the following section if the information has changed since the original PHO ERB Project Application Form submission.*

Job title: Enter job title here.

Program area or department: Enter program area or department.

Credentials (MPH, PHD, MD, etc.): Enter credential level here

Public health unit or organization name: Enter organization name.

Mailing address: Enter mailing address.

Phone: Enter phone number.

Email: Enter email.

1. Reason for Change in Project Personnel

Describe reason for change in project personnel.

1. Nature of Change (Check all that apply)

[ ]  Team member departed (indicate name of former member and project role)

Enter name of former team member and project role.

[ ]  New team member added (indicate name of new member and project role)

Enter name of new team member and project role.

[ ]  Other (specify)

Describe the type of change if not covered above.

1. New Project Team Member Information

Complete if applicable. If multiple new team members are added, duplicate this section as necessary on an appended Word document.

First Name: Enter first name.

Last Name: Enter last name.

Job Title: Enter job title.

Please describe the expertise and training relevant to the role:

Describe expertise of new project team member.

1. Signatures

As the lead applicant of this project, I assume full responsibility for the scientific and ethical conduct of this activity as described in this application and accompanying documents. I agree to conduct this activity in compliance with the [**Tri-Council Policy Statement 2 (TCPS2 2018)**](http://www.pre.ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf), and any applicable legislation as appropriate

Name: Enter name here.

Date: Please select date.

Signature: Please sign on the line below, scan and send this page with this application form
**OR** add a scanned signature image to the image field below.

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR** Double click on the field below to select an image file.



Contact Information

Contact us at: [ethics@oahpp.ca](file://OTO101PFILE01V.oahpp.ca/Kate.Curzon%24/PHO%20Graphic%20Design%20Files/Forms/ERB_forms/ethics%40oahpp.ca)

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Public Health Ontario acknowledges the financial support of the Ontario Government.