**Schools Animal Ethics Committee**

**AMENDMENT TO APPROVED SCHOOLS ANIMAL ETHICS COMMITTEE (SAEC) APPLICATIONS (Including notification of change of staff)**

This form should be completed when there has been a change to the original SAEC approved application.

**Note:**

1. Please attach a COPY of previously approved application.
2. Reporting for all categories of activities must occur as required by the SAEC.

**School details**

|  |  |
| --- | --- |
| School Name |  |
| Address |  |
| Telephone |  |
| Teacher in charge of activity |  |
| Position |  |
| E-mail address |  |

**Details of approved activity**

|  |  |
| --- | --- |
| Description of activity:  | SAEC Approval Number: |
| Proposed **Amendment** commencement date: (dd/mm/yy) |
| Category of animal use:  | Common name of animal/species (age and sex if applicable): |

**Notification of change of staff** (Where there is a new teacher in charge the declaration must be signed by both the teacher and the principal.)

|  |  |
| --- | --- |
| Name |  |
| Evidence of experience or competence relevant to caring for the animals*(e.g. have hatched chickens twice before)* |  |
| Current position |  |
| Telephone | Work |  | Mobile |  |
| Email  |  |

**Details of Amendments (Please complete where necessary)**

1. START AND END DATE OF ACTIVITY

New Start and End date of activity: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

2. NUMBER OF ANIMALS

Proposed change of number of animals to: \_\_\_

3. NUMBER OF STUDENTS

 Proposed change of number of students to: \_\_\_

4. HOUSING

Proposed change in housing arrangements of animals:

1. TRANSPORT

Proposed change in method of transport and any animal welfare implications:

1. FATE OF ANIMALS AT COMPLETION OF ACTIVITY

Proposed change in fate of animals at completion of activity:

1. OTHER

Please specify with details of proposed change.

**DECLARATION**

|  |
| --- |
| **I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **accept responsibility as the teacher in charge and declare that:** |
| (i) | all animals in this teaching activity will be sourced, transported, handled and cared for properly and humanely in accordance with guidelines published on the SAEC website; |
| (ii) | ethical considerations of this teaching unit will be identified and addressed with the staff and students involved; |
| (iii) | I will continue to seek alternative methods which do not involve the use of living animals or which enable comparable results to be achieved using fewer animals; |
| (iv) | I accept responsibility for maintaining animal use and health records, notifying the SAEC of any adverse events including deaths (SAEC form C2), changes of personnel, methods or animal numbers described in this application (SAEC Amendment form); |
| (v) | I am aware of the *Animal Welfare Act 2002, the Animal Welfare (Scientific Purposes) Regulations 2003 and Animal Welfare (General) Regulations 2003;* [http://www.slp.wa.gov.au/statutes/regs.nsf/(DownloadFiles)/Animal+Welfare+(General)+Regulations+2003.pdf/$file/Animal+Welfare+(General)+Regulations+2003.pdf](http://www.slp.wa.gov.au/statutes/regs.nsf/%28DownloadFiles%29/Animal%2BWelfare%2B%28General%29%2BRegulations%2B2003.pdf/%24file/Animal%2BWelfare%2B%28General%29%2BRegulations%2B2003.pdf) Part 2 Offences against animals) and understand my responsibilities |
| (vi) | I am aware that I must provide an activity completion report within 14 days of the end of the activity and an annual report for this activity and other school animal use must be submitted by the last day of Term 4. |
| **Name of teacher in charge**  | **Signature** | **Date** |
| **Name of School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I have read the application, believe that the project is justified in terms of educational value and confirm that the teacher-in-charge has the knowledge and experience to ensure the welfare of the animals being used in this activity.**Signature of Principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |