

**Health Research Ethics Committee (HREC)**

**HEAD OF DIVISION/DEPARTMENT SIGNATURE PAGE**

*Your Divisional/Departmental Head must sign this signature page to indicate that they are aware of, and approve the conduct of, this research in their environment. You will be asked to upload this signature page as part of your HREC submission.*

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| **PROJECT TITLE** | |
|  | |
| **TYPE OF HREC SUBMISSION** (Please select only one) | |
| □ New protocol application  □ New database/biobank application | □ New case report/series application  □ New exemption application |
| **SIGNATURE** | |
| **Applicant** | **Head of Division/Department** | |
| ……………………………………….  Print name  ……………………………………….  Signature  ……………………………………….  Date | ……………………………………….  Print name  ……………………………………….  Signature  ……………………………………….  Date | |