|  |  |  |
| --- | --- | --- |
| Instructions | | **Internal Reference Code:** |
| **Click here to enter text.** |
| * **In the event of a serious breach, telephone AEDC Data Management immediately.** * Email completed form to [support@aedc.gov.au](mailto:support@aedc.gov.au). | For any queries, contact:  **AEDC Data Management** E**:** [support@aedc.gov.au](mailto:support@aedc.gov.au)  Ph: (03) 9236 8548 Fax: (03) 9114 1555 | |

## **Project and applicant details**

### Project

|  |  |
| --- | --- |
| **Title** | **Click to enter text.** |

### Contact

The person shown here should be the main contact that the Data Management Agency (DMA) or the Department has on record as the person with responsibility for the AEDC data in accordance with the AEDC Data Guidelines.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Click to add | **Surname:** | Click to enter text. | | | **First Name:** | Click to enter text. |
| **Job Title** | | Click to enter text. | | | | | |
| **Email:** | | Click to enter text. | | | | | |
| **Phone** | | Click to enter text. | | **Fax** | | Click to enter text. | |
| **Organisation** | | Click to enter text. | | | | | |
| **ABN** | | Click to enter text. | | | | | |
| **Postal Address** | | | | | **Street Address** (If required) | | |
| Click to enter text. | | | | | Click to enter text. | | |

## **Event Details**

|  |  |  |
| --- | --- | --- |
| **Date** | **Click to enter a date.** | |
| **Type** | **Choose an item.** | |
| **Description**  Describe the event including relevant ethical, privacy and confidentiality issues. | Click to enter text. | |
| **Cause of Event**  Detail:   * Event’s likely cause. * if the event was directly or indirectly linked to the project. * Nature of relationship between event and project. | Click to enter text. | |
| **Event Risk profiling**  Was this event anticipated in the project’s application or addressed in the projects risks? | | **Choose item.** |
| **Human Research Ethics Committee Notification**  Has the project’s Human Research Ethics Committee (HREC) been notified of the Event?  **If no, provide an explanation in ‘Action Taken’ below.** | | **Choose item.** |
| **Project Amendments**  Will any changes be required to the project as a result of this event?  **If no, provide explanation in ‘Action Taken’ below. If yes, complete a Project Amendment Form** | | **Choose item.** |
| **Action Taken**  Detail:   * actions taken in response to event * reasons for no actions being taken * reasons for not informing the project’s HREC | Click to enter text. | |

I certify:

1. that the information given is true and correct and understand that in making a false or misleading statement, I or my Organisation could be penalised through the immediate cessation of access to and use of AEDC Data
2. I have read and understood the AEDC Data Guidelines and agree to comply with its requirements

## **Details**

|  |  |
| --- | --- |
| **Contact to complete** | |
| **Name** | Click to enter text. |
| **Organisation** | Click to enter text. |
| **Signature** |  |
| **Date:** | Click to enter a date. |