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Faculty of Health Sciences Ethics Office for Research, Training and Support  
[health-sciences.nwu.ac.za/healthethics](http://health-sciences.nwu.ac.za/healthethics)

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| **AnimCare** Ethics Committee on Animal Care, Health and Safety in Research *(AREC-130913-015)* **Pharmacist Declaration Form  for Approval of New Projects**  ***AnimCare 05-01d, Version 4.10 (Nov 2016)*** |
| **CONFIDENTIAL!** This document contains confidential information that is intended strictly and exclusively for the applicant and AnimCare Committee. Should this document or parts thereof erroneously come in your possession, you are requested to destroy it or to return it to AnimCare without delay. Unauthorised possession, reading, studying, copying or distribution of this material, or any other form of abuse, is illegal and punishable. |

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| General Project Identification |

**Applicant to complete this table BEFORE sending it off for signing.**

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| **Project Head** (Title, Initials & Surname) | Click or tap here to enter text. |
| **Project Title** (see Application Form) | Click or tap here to enter text. |
| **NWU Ethics Number** (see Application Form) | NWU- ???-??-s? |

This form is to be completed by the supervising Pharmacist, as indicated in the Ethics Application Form.   
**Please note!** The professional supervisor(s) may not be part of the project team. Each supervisor must complete a separate form and attach a two page narrative curriculum vitae. This form may be filled in and signed electronically, and then converted to PDF (recommended), or printed to complete and signed if not possible.

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| Declarations |

1. Will you be available to supervise the ordering, licencing *(when required)*, safekeeping, and dispensing of scheduled or other controlled substances for this project, when and as required by legislation?

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| **Yes** |  |  | Type details here. |
| **No** |  |  |
| **N/A** |  |  |

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| **Professional Registration & Body** | | **Qualifications** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
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| **Name** (Title, Full Names & Surname) |  | |
| Click or tap here to enter text. |
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| **Date** |
| Click or tap to enter a date. | **Signature** | |