

Research Support Network (RSN) ETHICS DECLARATION FORM

Please complete this form & email
to prideauxcentre@flinders.edu.au.
The information will be used to
assess your application.

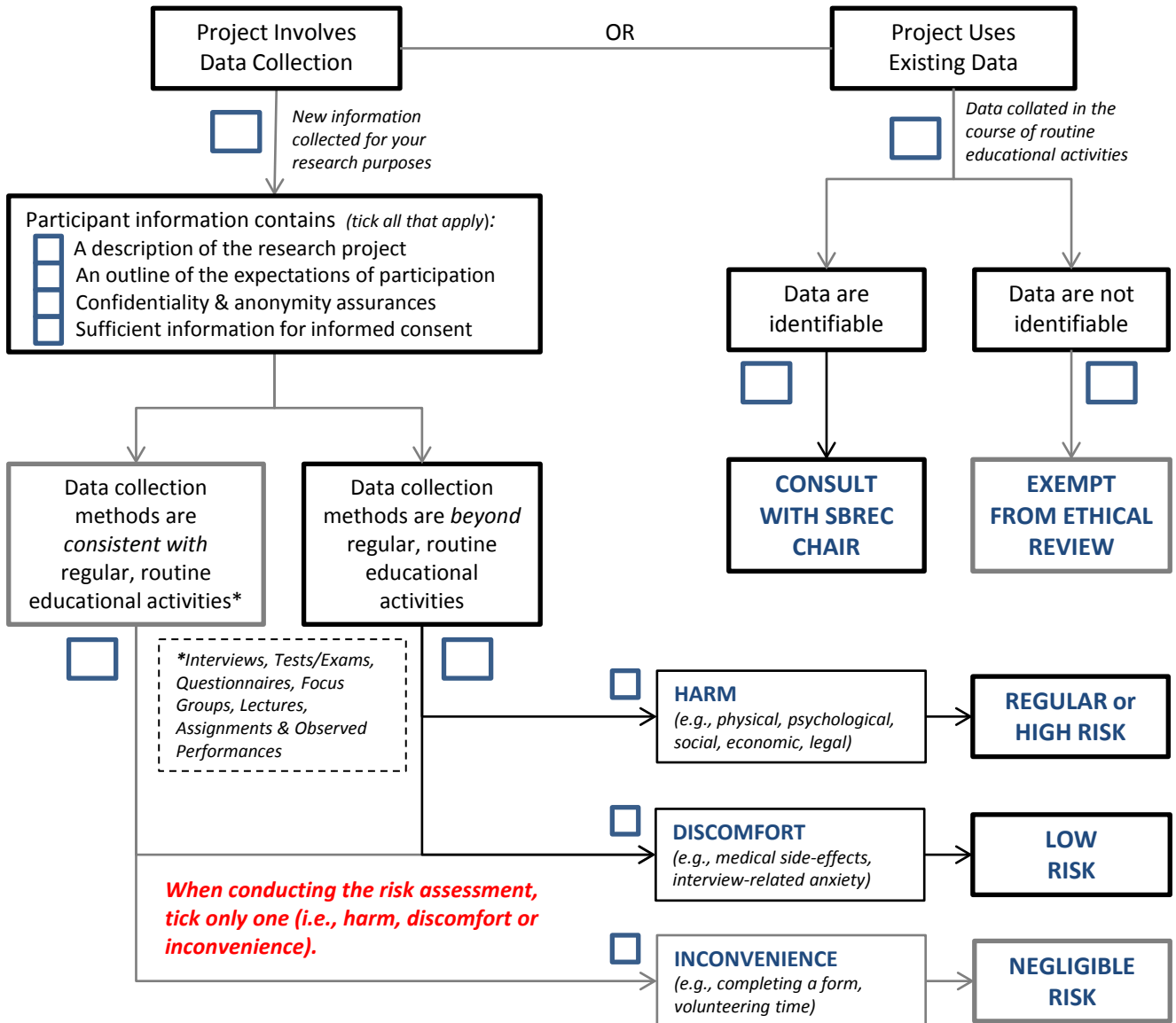
Revised May 2017

Prideaux Centre
for Research in Health
Professions Education



Project Title:			
Researcher/s:			
Date of Application:		RSN Project Number (Office Use)	

Please follow the arrows, marking each box as appropriate, in the blue check boxes.



Declaration: I/we declare that the information provided is true and accurate, and is not misleading in any way.			
Principal Researcher's Name		Signature	
Supervisor's Name <i>(if a student project)</i>		Signature	