



The Form B is to be completed and returned to the Secretary, Human Research Ethics Committee, c/- Office of Research & Development.

If any of the points below apply prior to the expiry date, this form should be submitted to the Committee at that time. An application for renewal may be made with a Form B three years running, after which a 'new' application form, providing comprehensive details, must be submitted.

Approval Number:	HR113/2011	Expiry Date 4/10/2012
PROJECT TITLE:	Developing a theory driven and evidence based targeted intervention for the primary prevention of PTSD	

1A	Has this project been completed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
1B	OR Do you wish to apply for a renewal of the project?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

If YES please state the expected completion date.	1/1/2015
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If NO please state why, eg abandoned/withdrawn/no funding etc.
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2	Has this project been modified or changed in any manner that varies from the approved proposal?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details _____ (Attach additional comments on a separate sheet of paper if necessary) This project will now be completed in alliance with FESA (rather than the WA Police). The ethical issues have not changed. Written support from FESA for this research alliance is attached.			
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3	Have any ethically related issues emerged in regard to this project since you received Ethics' Committee approval? (e.g. breach of confidentiality, harm caused, inadequate consent or disputes on these).	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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If yes, please provide details _____ (Attach additional comments on a separate sheet of paper if necessary)			
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4	Have any ethically related issues in regard to this project been brought to your attention by others? (i.e. study respondents, organisations that have given consent, colleagues, the general community etc).	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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If yes, please provide details _____ (Attach additional comments on a separate sheet of paper if necessary)			
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Investigator:	Petra Skeffington	Signature:	
Co-Investigator:	Dr. R. Kane	Signature:	
School/Department:	School of Psychology & Speech Pathology		
Head of Enrolling Area:		Signature:	
Date:	10/8/2012		

Office Use Only

APPROVED: _____
Executive Officer

DATE: ____/____/____