# OUTCOME OF APPLICATION

# TO THE SPASTIC CENTRE'S ETHICS COMMITTEE

Date submitted to Ethics Committee:

Project Title:

Person/s Submitting:
Position:
Region:
Contact Details:

Outcome: ☐ Approved

☐ Not Approved – Please review feedback below and resubmit to the Ethics Committee

Feedback:

Signed: Date:

(*Chairperson of The Spastic Centre's Research Committee)*