RESEARCH PROJECT FINAL APPROVAL

TO THE SPASTIC CENTRE'S BOARD

Project Title:

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

Date approved by the Research Committee: ____/ ____/ _____

Date approved by the Ethics Committee: ____/ ____/ _____

Date submitted to Board for approval: ____/ ____/ _____

Comments (optional):

Signed: Approval Date:

(*Chairperson of The Spastic Centre's Board)*