

**York Neuroimaging Centre**

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**RESEARCH GOVERNANCE (Ethics) COMMITTEE**

**ADVICE OF EXTERNAL APPROVAL**

**1. Please provide the following details about the chief investigator.**

Name	
Post	
Organisation	
Address of Organisation	
Email	
Telephone	

**2. If the research is being undertaken as part of an educational course, please provide the following details.**

Name and level of course/degree	
Name and address of educational establishment	
Name and contact details of supervisor	

**3. Please state the full title of the research.**

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**4. Please give full details of the external approval acquired**

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**A copy of the external approval letter and the submission must accompany this form.**

Signature of Chief Investigator:

Date of Completion:

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