

**York Neuroimaging Centre**

The Biocentre  
York Science Park  
Heslington  
York  
YO10 5DG  
Tel. 01904 435346  
Fax 01904 435356

**RESEARCH 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.**

--

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

--

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

Signature of Principal Investigator:

Date of Completion: