



Registration Form

CHARITY DETAILS

Name of Charity:	
Postal Address:	
Website:	

EXECUTIVE OFFICER (person authorised to sign statement of assurance)

Name:			
Position:			
Phone:		Fax:	
Email:			

DONATIONS/ENQUIRIES OFFICER (if different from above):

Name:			
Position:			
Phone:		Fax:	
Email:			

MISSION STATEMENT

Please state here, or attach a photocopy:	

ANIMAL RESEARCH POLICY

Please state here, or attach a photocopy:	

PROJECTS REQUIRING FUNDING

Please describe or list in 50 words or less:	



Statement of Assurance

The undersigned Health Charity _____ hereby certifies that as of ____/____/____ (the 'Compliance Date'), it does not conduct, commission, or in any way fund Experiments involving Non-human Animals, as defined below, and will not do so in the future.

DEFINITIONS:

1. Health Charity: A "Health Charity" is a charity that directly addresses human health-related diseases, disorders, and/or conditions. Approaches may include but are not limited to, biomedical research; physical care; mental/emotional support; prevention; and/or educational resources. It means a person, corporation, partnership, or other organization with legal existence, including, without limitation, its subsidiaries, affiliates, divisions, agents, and employees;

2. Experiments on Nonhuman Animals: "Experiments on Nonhuman Animals" means any research of any sort using, in whole or in part, living or dead animals, including, without limitation, fish, amphibians, reptiles, birds, insects, nonhuman mammals, or other species, except for the following, which are considered humane and acceptable;

- (1) naturalistic studies, in which animals are observed, without interference, in their natural setting, or
- (2) experimental treatments in animals who need them due to clinical illness, without the specific expectation or intention of application to related human diseases, and who are not bred for research purposes.

The Health Charity shall submit the original of this executed Statement of Assurance to the Australian Association for Humane Research Inc. and retain a copy of this document at the Charity's principle place of business.

The undersigned hereby attests that s/he is the duly authorised representative of the Charity with full power and authority to execute this Statement of Assurance and thereby to bind the Charity to the commitments made herein. Furthermore, the undersigned accepts responsibility for the termination of this agreement in the event that the guarantee made herein cannot be upheld.

Signature of Authorised Agent

Printed Name and Title