

**ETHICS APPLICATION**

Researchers are advised to read the **NIODA Ethics Guidelines** before completing this application.

**APPLICANTS**

|  |
| --- |
| **Key contacts for this research project** |
| **Researcher** |  |
| **Supervisor** |  |

**ITEM 1. Project title**

**ITEM 2. Lay summary of the project**

**ITEM 3. Type of project**

**ITEM 4. Is this project a part of a larger project(s)?**

If so describe both/all projects, relevant ethics approval from outside institutions and the details of all researchers involved in these research activities.

**ITEM 5. Does this project involve multi-centre research?**

Details of all affiliations must be provided.

**ITEM 6. Details of all researchers**

Researcher(s)

|  |  |  |
| --- | --- | --- |
| Name | Email | Mobile Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Supervisor(s)

|  |  |  |
| --- | --- | --- |
| Name | Email | Mobile Number |
|  |  |  |
|  |  |  |

**ITEM 7. Period during which activities requiring ethics approval will occur**

**ITEM 8. Funding**

Will this project receive funding from sources external to NIODA? If so provide details

**ITEM 9. Description of the project**

(see Guidelines for details)

**ITEM 10. Participant details**

1. **Number of participants**

1. **Age range of participants**

1. **Are you aware whether any participants are ill or frail?**

[ ]  Yes

[ ]  No

If ‘Yes’ provide further information.

1. **Participant inclusion and exclusion criteria**

1. **Recruitment method** (see Guidelines for further information)

1. **Compensation to participate**

1. **Involvement of special groups** (see Guidelines for further information)

1. **Participation of NIODA students**

1. **Participants in dependent or unequal power relationships**

**Involvement of Special Groups and or participants in dependent or unequal power relationships**.

If the project involves the participation of any group requiring special permission (refer to the NIODA guidelines for definition), describe the nature of the group(s), justify the inclusion of people from the group(s) and specify procedures to be used to obtain permission. Please refer to the NIODA guidelines.

1. **Disclosure of conflict of interest**

**ITEM 11 Will the research require the use of existing databases?**

[ ]  Yes

[ ]  No

If yes please provide details. (See Guidelines and Attachment A)

**ITEM 12. Secondary use of existing data.**

Please specify sources and what categories of personal information will be used (See Guidelines)

**ITEM 13. Location of the study.**

Where will the research take place?

**ITEM 14. Are external approvals required?** (See guidelines)

[ ]  Yes

[ ]  No

If ‘Yes’ provide details of the external organisation/approver

Has external approval been sought?

[ ]  Yes

[ ]  No

 If ‘No’, explain why approval ia not sought

Has external approval been obtained?

[ ]  Yes

[ ]  No

If ‘No’, specify when approval is likely to be obtained

**Copies of all applications and approvals from external approvers must be provided with this application**

**ITEM 15. Informed consent** (See Guidelines and Attachment B)

Copies of all information and letters of consent for participants and guardians must be provided with this application

Are all required copies are attached?

[ ]  Yes

[ ]  No

If ‘No’, please explain

**Please note: If you intend asking children or adolescents in schools to participate, parental and school approval is required.**

**ITEM 16. Description of specific methods used** (see Guidelines)

**ITEM 17. Identifying and managing risk** (see Guideline and Attachment D)

Please complete and attach Risk Mitigation Table (Attachment D).

Do you believe participants may be exposed to harm above the everyday nore?

[ ]  Yes

[ ]  No

If ‘Yes, please provide a detailed statement which identifies all potential risks to participants and explains how you intend to protect participants against those risks as far as possible.

**ITEM 18. Describe the potential benefits to**

1. **the participant(s)**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……….…

1. **humanity in general**

**ITEM 19. Recording and security of project documentation**

1. **How will data be recorded?**

1. **How will confidentiality of findings be maintained?**

1. **How will data be stored both during and following the study?** (see Guidelines)

1. **Do you plan to preserve the data for possible future use?**

[ ]  Yes

[ ]  No

If ‘Yes’, please specify how you will do this.

**ITEM 20. Dissemination of findings via publications and managing personal information**

1. **If publication is intended, please advise how participants rights are to be addressed**

Please give details (See Guidelines for issues to be addressed)

**b) Participant access to research derived personal information** (See Guidelines for issues to be addressed)

## Please give details of how you will inform participants that information generated in the course of the research will generally be available to them on request

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## ITEM 21. Further ethical issues - checklist

Please tick, as appropriate, any of the following ethical issues you believe are relevant to this application. Please provide a response to every question. Note: If the answer to any of the questions listed below is yes, please explain and justify below (or state where in this application the explanation and justification is provided).

Yes No

[ ]  [ ]  Is deception of any kind to be used?

[ ]  [ ]  Does the research involve collection, use or disclosure of personal, sensitive information?

[ ]  [ ]  Will the research involve access to data stores subject to privacy legislation?

[ ]  [ ]  Will any data be preserved for possible future use by yourself or other researchers?

[ ]  [ ]  Will participants have pictures taken of them? (e.g. photographs, video recordings)

[ ]  [ ]  If interviews are to be conducted, will they be tape-recorded or videotaped?

[ ]  [ ]  Will participants be asked to perform any acts or make any statements which might diminish their self-esteem or cause them to experience embarrassment or regret?

[ ]  [ ]  Will any procedure be used with potentially unpleasant or harmful effects either of a physical, psychological, social, legal or financial nature, to the participant?

[ ]  [ ]  Does the research involve any stimuli, tasks, investigations or procedures which may be experienced by participants as stressful, noxious, aversive or unpleasant during or after the research procedures?

[ ]  [ ]  Are there in your opinion any other ethical issues involved in the research?

**If the answer to any of the questions listed above is yes, please explain and justify your response (or state where in this application the explanation and justification is provided).**

**ATTACHMENT CHECKLIST**

 [ ]  copy of recruitment advertisement(s)
 [ ]  details of involvement of special groups
 [ ]  evidence of external institution approvals
 [ ]  copy of the proposed Information and Consent Forms
 [ ]  copy of any ethical approval forms requiring signature i.e. from parents or guardians
 [ ]  copy of any approved external Ethics Committee applications required for this research

**ITEM 22. Declarations**

We, the undersigned, are familiar with and have access to copies of the National Health and Medical Research Council's *National Statement on Ethical Conduct in Research Involving Humans*. We accept responsibility for the accuracy of the information provided in this application and for the conduct of this research, in accordance with the principles contained in the NHMRC Guidelines and any other conditions specified by the University Human Ethics Committee.

**RESEARCHER(S**) (Add additional lines as required)

Name (block letters) Signature Date

…………………………………………………………………………………. **……………………………**

SUPERVISOR(S) (For supervised research, both the supervisor and researcher must sign the application.)

In my opinion the applicant has received or will have received the necessary training to undertake this research.

Name (block letters) Signature Date