**UnitingCare Queensland**

**Combined Research Approval Group / Human Research Ethics Committee Application Form**

**Instructions to the Researcher**

1. This research approval process has been streamlined to make it easier for researchers to apply to conduct research and evaluation projects at Uniting Care Queensland.
2. In the first instance, consultation with the relevant area of UnitingCare Queensland where the research is to be undertaken is vital. To discuss the research with a representative of that area. The following representatives will assist with enquiries:

* Blue Care: Dr Benjamin Fox (Customer Analyst, Uniting Care Queensland)

P: (07) 3253 4380 E: [ben.fox@ucareqld.com.au](mailto:ben.fox@ucareqld.com.au)

* Child and Family Services: Dr Chez Leggatt-Cook (Principal Researcher, Enabling Services)

P: (07) 3253 4509 E: [chez.leggattcook@uccommunity.org.au](mailto:chez.leggattcook@uccommunity.org.au)

* UnitingCare Health:
* General enquiries can be made to: [research@ucareqld.com.au](mailto:research@ucareqld.com.au)

1. The Research Approval Group (RAG) will ensure that the project meets the strategic priorities of the relevant service area, and that the benefits of participation in the project are proportionate to the cost to the business of the project. This process will also ensure that there is not unreasonable impost on staff and services.
2. Once you’ve have discussed the project with the appropriate representative, and you have received permission to apply, you will be required to complete the entire application form, including the Human Research Ethics Committee section. Completed forms are to be sent to:
   * + [research@ucareqld.com.au](mailto:research@ucareqld.com.au)
3. Research Approval Group will make one of three decisions:
   * + Approved
     + Additional information required
     + Rejected

Projects that received approval will be forwarded directly to Uniting Care HREC (UCHREC)

1. Social research projects being conducted in collaboration with Uniting Care Health, will not be required to seek approval of the Research Approval Group. They can apply directly to UUCHREC. However, they must have engaged, and have an agreement in place with the relevant area/ward of the hospitals they are collaborating with.

**Please complete all sections below.**

|  |  |
| --- | --- |
| Project Title | Click here to enter text. |

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| **Details of the Investigators** |

Please list contact details of all researchers associated with the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Chief Investigator** | | | |
| Title | Click here to enter text. | | |
| First Name | Click here to enter text. | | |
| Last Name | Click here to enter text. | | |
| University Affiliation/Organisation | Click here to enter text. | | |
| Email Address | Click here to enter text. | | |
| Student |  | UCQ Staff |  |

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| **Associate Investigator** | | | |
| Title | Click here to enter text. | | |
| First Name | Click here to enter text | | |
| Last Name | Click here to enter text. | | |
| University Affiliation/Organisation | Please enter text | | |
| Email Address | Click here to enter text | | |
| Student |  | UCQ Staff |  |

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| **Corresponding Investigator** | | |
| Title | Click here to enter text. | |
| First Name | Click here to enter text. | |
| Last Name | Click here to enter text. | |
| Email Address | Click here to enter text. | Preferred? |
| Phone Number | Click here to enter text. | Preferred? |

**Please indicate the service stream with which you intend to do research.**

|  |  |  |
| --- | --- | --- |
| **Service Group** | **Please Tick** |  |
| Aged Care |  | Go to Question A |
| Disability Services |  | Go to Question A |
| Child and Family Services |  | Go to Question B |
| Hospital |  | Go to Question C |
| Head Office |  |  |
| Rural and Remote Services |  |  |

**Question A: Please select a Blue Care cluster:**

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| --- | --- | --- | --- |
| Cluster | Please cross | Cluster | Please cross |
| Metro North |  | Fraser Coast |  |
| Metro South |  | Central Queensland |  |
| South Coast |  | North Queensland |  |
| Sunshine Coast |  |  |  |

**Question B: Please select a Child and Family Service group:**

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| --- | --- | --- | --- |
| Group | Please cross |  | Please cross |
| Greater Brisbane |  | South-East, South-West, North Coast, & Lifeline |  |
| North & Far North Queensland |  | Central Queensland |  |
| Enabling Services |  |  |  |

**Question C: Please select a Hospital:**

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|  |  |  |  |
| St Andrew’s War Memorial Hospital |  | Wesley Hospital |  |
| The Sunshine Coast Private Hospital |  | St Stephen’s Hospital |  |

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| Commencement Date | Click here to enter a date. |  |  |
| Service Recruitment | Click here to enter a date. |  | Click here to enter a date. |
| Participant Recruitment | Click here to enter a date. | to | Click here to enter a date. |
| Data Collection | Click here to enter a date. |  | Click here to enter a date. |
| Data Analysis | Click here to enter a date. |  | Click here to enter a date. |
| Propose Completion | Click here to enter a date. |  |  |

**Please outline your timeframe for the following activities.**

**Please outline any other information that you feel is important around the timeline for your project (e.g. hiring research assistants etc).**

Click here to enter text.

**Please respond to the following questions about the aims of your research?**

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| --- | --- |
| Overarching aim? | Click here to enter text. |
| Research question? | Click here to enter text. |
| Hypothesis | Click here to enter text. |

**Please provide a succinct outline of the background literature in this area, highlighting why your research is important.**

Click here to enter text.

**Please outline two specific benefits to the organisation that the outcomes of your research will have?**

**1:** Click here to enter text.

**2:** Click here to enter text.

**Please outline the practice and policy implications for this research, specifically for this organisation.**

Click here to enter text.

**Please respond to the following questions about your research plan. Please be as specific as possible with your responses. If you are unsure, please contact the SDA (Research and Evaluation)**

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| What is the broad description of your methodology (RCT quasi-randomised, focus groups, interviews, case studies, case control) | Click here to enter text. |
| Who are the participants? | Choose an item. |
| In total, how many participants are you recruiting? | Click here to enter text. |
| How many participants are you recruiting from UCQ | Click here to enter text. |
| How do you plan to recruit the participants? | Click here to enter text. |
|  |  |
| Please list 1 or 2 primary outcome/s | Click here to enter text. |
| Please list any secondary outcomes | Click here to enter text. |
| Who will be collecting this data? | Click here to enter text. |
|  |  |
| What will participants be asked to do? | Click here to enter text. |
| Will staff be required to assist with the project in any way? | Choose an item. |
| Can you estimate the time required over the entire life of the project to participate in this research by the following staff members groups. |  |
| General Management (hrs) | Click here to enter text. |
| Service Management (hrs) | Click here to enter text. |
| Head Office Support (hrs) | Click here to enter text. |
| Nursing Staff/Frontline Staff (hrs) | Click here to enter text. |
| Carers/Frontline Staff (hrs) | Click here to enter text. |
| Please outlines specifically what you are asking each staff member group to do. | Click here to enter text. |

**Please append any supporting documents to this application, including protocols for measurement tools, interview schedules.**

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| **Will this project require unsupervised research interaction with participants?** |
| Choose an item. |
| If yes, please indicate the details of who this will be, and the clearance they have/will sought prior to proceeding withresearch? |
| Click here to enter text. |

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| **Will there be backfill funding for the organisation or other remuneration for use of staff time in undertaking research?** |
| Choose an item. |
| If so, please provide further details |
| Click here to enter text. |

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| **Does the primary researcher (i.e. the researcher whom will have contact with participants) hold all relevant registrations and requirements? Please append copies of all relevant documentation. This will include recent policy check (3 months) when working with older adults, a current Blue Care when working with children and youth under the age of 18, or a yellow card when providing care for people with a disability.** |
| Choose an item. |

**Ethical Considerations**

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| **Has the research received approval from another HREC other than the Uniting Care QLD HREC?** |
| Choose an item. |
| If so, please provide further details |
| Click here to enter text. |

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| **Is this project funded?** |  |
| Choose an item. | |
| If yes, please specify funding body and grant amount? | |
| Click here to enter text. | |

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| **Low risk assessment**  All social research undertaken under the auspices of UnitingCare Queensland requires some level of review in order to ensure it conforms to the requirements of the National Statement (2007).  Research that carries low risk and/or negligible risk will be reviewed by a subcommittee of the UnitingCare Queensland HREC. This review can be undertaken at times outside of the formal committee meeting times to facilitate timely review for the applicant.  All research that involves more than low risk; and involves research outlined in sections 3.3; 3.5; 3.6; 4.1; 4.4 4.5; 4.7 and certain sections of 4.6 of the National Statement (2007) must be reviewed by the full UnitingCare Queensland HREC.  ‘Negligible risk’ research describes research in which there is no foreseeable risk of harm or discomfort, and any foreseeable risk is not more than inconvenience.  ‘Low risk’ research involves research in which the only foreseeable risk is one of discomfort.  Using the National Statement (p.16) as a guide please indicate whether you believe this research is likely to only cause inconvenience or discomfort to research participants: | | | |
| **Inconvenience** |  | **Discomfort** |  |
| **Please provide a short rationale for your decision:**  Click here to enter text. | | | |

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| **Please indicate which of the following ethical issues are relevant to the proposed project. You must provide a response to every question. Where you have indicated Yes to any of the questions you must provide a detailed explanation based on the National Statement (2007) of how each issue will be addressed. Space is provided on the following pages.** |
| 1. Is it possible for an individual (client or staff member) or the organisation to be identified by any published data? |
| Choose an item. |
| 2. Does the study involve the collection of data from client records without gaining prior consent? |
| Choose an item. |
| 3. Will the study involve the collection, use or disclosure of information subject to privacy legislation? |
| Choose an item. |
| 4. Does the study involve participants who may be unable to give or are incapable of giving informed consent? |
| Choose an item. |
| 5. Does the study involve participants who may be in a dependent relationship or situation? |
| Choose an item. |
| 6. Does the study need to address social, cultural, religious or other sensitive issues? |
| Choose an item. |
| 7. Will any drugs, placebos, therapeutic/ medical or other invasive procedures be administered to participants? |
| Choose an item. |
| 8. Will the study involve the collection of blood, body fluid or tissue samples? |
| Choose an item. |
| 9. Is any part of the intervention defined as invasive? |
| Choose an item. |
| 10. Will any aspect of the study cause any physical pain or psychological distress (above that to be considered normal) either during or after the research period? |
| Choose an item. |
| 11. Are study participants offered any form of inducement to participate in the study? |
| Choose an item. |
| 12. Will the study seek sensitive information about participants that might cause them to feel embarrassed, or uncomfortable? |
| Choose an item. |
| 13. Will the study involve participation of Aboriginal or Torres Strait Islanders, or other peoples from identifiable cultural, ethnic or minority groups? |
| Choose an item. |
| 14. Does the study use any kind of deception? |
| Choose an item. |
| 15. Will the study involve any tape recordings or video recordings? |
| Choose an item. |
| 16. Does the research involve external sponsorship or funding? |
| Choose an item. |
| 17. Are there any other ethical issues relevant to this project that warrants consideration? |
| Choose an item. |
| 18. As the researcher will you be conducting interventions requiring a current registration of clinical competency? |
| Choose an item. |

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| **Please provide details of each ethical issue identified on the previous page, paying particular attention to how these issues will be addressed.** |
| Click here to enter text. |

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| **How will you analyse the data? Will you require any organisational help to do this?** |
| Click here to enter text. |

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| **Please provide details of how confidentiality of the information collected for the study will be protected during the study and in the publication of findings. Indicate how data security will be maintained, including the length of time data will be stored.** |
| Click here to enter text. |