

UnitingCare Combined Research Approval Group / Human Research Ethics Committee Application Form (Revised 2022)

Instruction to Researchers

1. The UnitingCare research approval process has been streamlined to make it easier for researchers to apply to conduct research and evaluation projects at UnitingCare.
2. In the first instance, consultation with the relevant area of UnitingCare where the research is to be undertaken is vital. The following representatives will assist with enquiries:
 - **Family & Disability Services:** Dr Chez Leggatt-Cook (Research & Knowledge Translation Manager, Family & Disability Services) Ph: 0408 780 620 E: chez.leggattcook@ucommunity.org.au
 - **Blue Care (and non-medical health research):** Liza Edwards (Group General Manager Clinical Governance) Ph: 0428 995 107 E: liza.edwards@uchealth.com.au
 - **UnitingCare Health (medical research):** Shannon Lytras (Ethics Coordinator, UnitingCare Health Human Research Ethics Committee) Ph: 07 3232 7500 E: ethics@uchealth.com.au
 - **Mission:** Rev Dr Peter Armstrong (Associate Director of Mission - Community Partnerships) Ph: 0418 433 193 E: peter.armstrong@ucareqld.com.au
 - **General enquiries** can be made to: hrec@ucareqld.com.au
3. 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 projects 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.
4. Once you 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 the relevant representative listed above.
5. The Research Approval Group will make one of three decisions:
 - Approved
 - Additional information required
 - Rejected
6. Projects that receive approval will be forwarded directly to UnitingCare HREC (HREC) by the RAG Coordinator.
7. Social research projects being conducted in collaboration with UnitingCare Health will not be required to seek approval of the Research Approval Group. Applicants may apply directly to HREC; however, it is expected that applicants have engaged, and have an agreement in place with, the relevant area/ward of the hospital/s they are collaborating with.

Section A: Research Outline. Please complete all sections below.

A1. Project Title

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A2. Details of the Investigators

Please list all Investigators associated with the project.

If there are more than four members in the research team, please provide additional Investigator tables in an attachment.

Chief Investigator			
Title			
First name			
Last name			
University / Organisation Affiliation			
Student?	Yes <input type="checkbox"/>	UnitingCare staff?	Yes <input type="checkbox"/>

Associate Investigator			
Title			
First name			
Last name			
University / Organisation Affiliation			
Student?	Yes <input type="checkbox"/>	UnitingCare staff?	Yes <input type="checkbox"/>

Associate Investigator			
Title			
First name			
Last name			
University / Organisation Affiliation			
Student?	Yes <input type="checkbox"/>	UnitingCare staff?	Yes <input type="checkbox"/>

Associate Investigator			
Title			
First name			
Last name			
University / Organisation Affiliation			
Student?	Yes <input type="checkbox"/>	UnitingCare staff?	Yes <input type="checkbox"/>

A3. Contact details for correspondence

Please note that correspondence regarding the application submission to the RAG and HREC committees must be with the Chief Investigator.

Once the application is approved, responsibility for correspondence may be delegated to other research team members.

If the Chief Investigator is a student, contact details of at least one supervisor must be provided.

If the Chief Investigator is a UnitingCare staff member, line manager contact details must be provided.

Chief Investigator contact	Name:	
	Email address:	
	Phone:	
Additional contact	Name and role:	
	Email address:	
	Phone:	
Additional contact	Name and role:	
	Email address:	
	Phone:	
Additional contact	Name and role:	
	Email address:	
	Phone:	

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

A4. UnitingCare Business Function Unit

Aged & Community Care	Yes <input type="checkbox"/>	Go to Blue Care below
Family & Disability Services	Yes <input type="checkbox"/>	Go to FaDS below
Health (Hospitals)	Yes <input type="checkbox"/>	Go to Health below
Corporate Support Services	Yes <input type="checkbox"/>	Go to Corporate Support below

Blue Care: Please select a Blue Care Region

South East Queensland	North	Yes <input type="checkbox"/>
	South	Yes <input type="checkbox"/>
Regional & Remote	North	Yes <input type="checkbox"/>
	South	Yes <input type="checkbox"/>
	Pinangba	Yes <input type="checkbox"/>

FaDS: Please select a Family & Disability Services Portfolio

Family, Child and Individual Support	Yes <input type="checkbox"/>
Lifeline (Qld) & Statewide Wellbeing Services	Yes <input type="checkbox"/>
Disability Services	Yes <input type="checkbox"/>
Lifeline Retail	Yes <input type="checkbox"/>
Practice Improvement & Development	Yes <input type="checkbox"/>

Health: Please select a Hospital

St Andrew's War Memorial Hospital	Yes <input type="checkbox"/>
Buderim Private Hospital	Yes <input type="checkbox"/>
Wesley Hospital	Yes <input type="checkbox"/>
St Stephen's Hospital	Yes <input type="checkbox"/>

Corporate Support Services: Please select a Portfolio

People and Culture	Yes <input type="checkbox"/>
Mission	Yes <input type="checkbox"/>
Business and Finance Services	Yes <input type="checkbox"/>
Digital and Technology	Yes <input type="checkbox"/>
Marketing, Advocacy and Communications	Yes <input type="checkbox"/>
Risk and Governance	Yes <input type="checkbox"/>

Please outline your timeframe and provide details about your project aims and anticipated benefits.

A5. Please provide dates for key project phases.

Phase	Commencement	Completion
Commencement Date		
Service Recruitment		
Participant Recruitment		
Data Collection		
Data Analysis		
Completion Date		

A6. Please outline any information that is important for understanding the timeline for your project (e.g. hiring research assistants etc).

A7. Please provide the following information about the aims of your research, the research question/s and (if relevant) the hypothesis.

A7.1 Overarching aim	
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A7.2 Research question/s	
A7.3 Hypothesis	

A8. Please provide a succinct (approximately two pages) outline of the background literature in this area, highlighting why your research is important.

References should be included within A8 or provided as a separate attachment.

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A9. Please outline two specific deliverables of your research that will be provided to UnitingCare.

Deliverable 1	
Deliverable 2	

A10. Please outline the anticipated impact of this research (practice and/or policy implications) for Uniting Care and/or external bodies or agencies.

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 relevant research representative listed on page 1. Please append all relevant supporting documents to this application, including participant information sheets, consent forms, protocols, interview schedules, and so on. A list of attachments is to be provided in B25.

A11. Please describe your methodology and data collection approach.

A12. Who are the participants? Consider inclusion/exclusion criteria.

A13. In total, how many participants do you plan to recruit to the study and how many will be from UnitingCare?

A14. How will participants be recruited? Consider how participants will be identified, and what role, if any, will be played by UnitingCare staff.

A15. Please identify who will be collecting data for the study and outline their relevant skills and experience.

A16. Please describe the involvement required of consenting participants.

A17. Please estimate the time required (number of hours) over the entire life of the project to participate in this research by specific staff member groups:

Staff member group	Number of staff members involved	Hours per staff member	Total hours
<i>Service management</i>			
<i>Corporate support services</i>			
<i>Frontline staff (e.g. nursing staff, practitioners)</i>			
<i>Carers</i>			
<i>Volunteers</i>			

A18. Please describe the specific assistance or involvement required from each group of UnitingCare staff identified above.

Information provided in A17 and A18 will be used to understand the operational impact of the project. Please provide sufficient detail below for this to be clearly understood.

A19. Will this project require unsupervised research interaction with participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the details of who this will be, and the credentials they have, or will seek (e.g. honorary appointments within hospitals), prior to proceeding with the research?	

A20. Will there be backfill funding for the organisation or other remuneration for use of staff time in undertaking research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide further details:	

A21. Does the researcher (or researchers) who will have contact with participants hold all relevant registrations and probity requirements?		
Recent Police Check (within 3 months) when working with older adults	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
A current Blue Card when working with children and young people under 18 years	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Disability Worker Screening when working with people with a disability (including older persons who are NDIS participants)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Please provide any relevant further details about registrations and probity below. You must provide copies of all relevant registrations and probity checks as attachments:		

Section B: Ethical Considerations. Please complete all sections below.

B1. Has the research received approval from another HREC other than the UnitingCare HREC?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
If yes or pending, please provide further details below. Please append a copy of any existing ethics approval/s.	

B2. Is this project funded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify funding body and grant amount:	\$

B3a. In reference to the information below, is this a negligible risk assessment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
B3b. In reference to the information below, is this a low risk assessment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
National Statement on Ethical Conduct in Human Research	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 on Ethical Conduct in Human Research (NHMRC, 2007, Updated 2018).	
UnitingCare review of low/negligible risk research	<p>Research that carries low and/or negligible risk may be reviewed by a subcommittee of the UnitingCare HREC. This review may be undertaken at times outside of formal committee meeting times to facilitate timely review.</p> <p>All research that involves more than low risk, and/or involves research outlined in sections 3.3, 3.5 and 4.1-4.8 of the National Statement (2007, Updated 2018), must be reviewed by the full UnitingCare HREC.</p>	
Negligible risk research	‘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	‘Low risk’ research involves research in which the only foreseeable risk is one of discomfort.	

Please provide a short rationale for your response to B3a and B3b:

Please indicate which of the following ethical issues are relevant to the proposed project.

You must provide a response to **every** question below (B4-B21).

Where you have indicated Yes to any question below, you are required to provide a detailed explanation of the ethical issue based on the National Statement (2007, Updated 2018), including how each issue will be addressed in your project. Please provide your explanations in B22.

B4. Is it possible for an individual (client or staff member) or the organisation to be identified by any published data?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B5. Does the study involve the collection of data from client records without gaining prior consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B6. Will the study involve the collection, use or disclosure of information subject to privacy legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B7. Does the study involve participants who may be unable to give or are incapable of giving informed consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B8. Does the study involve participants who may be in a dependent relationship or situation (clients/residents/staff)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B9. Does the study need to address social, cultural, religious or other sensitive issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B10. Will any drugs, placebos, therapeutic/ medical or other invasive procedures be administered to participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B11. Will the study involve the collection of blood, body fluid or tissue samples?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B12. Is any part of the intervention defined as invasive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B13. 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B14. Are study participants offered any form of inducement to participate in the study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B15. Will the study seek sensitive information about participants that might cause them to feel embarrassed, or uncomfortable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B16. Will the study involve participation of Aboriginal or Torres Strait Islanders, or other peoples from identifiable cultural, ethnic or minority groups?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B17. Does the study use any kind of deception?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B18. Will the study involve any tape recordings or video recordings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B19. Does the research involve external sponsorship or funding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B20. Are there any other ethical issues relevant to this project that warrants consideration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B21. As the researcher will you be conducting interventions requiring a current registration of clinical competency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

B22. Please provide a detailed explanation of each ethical issue identified on the previous page, paying particular attention to how these issues will be addressed in your project.

B23. How will you analyse the data? Will you require any organisational help to do this?

B24. 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.

B25. Please provide a list of attachments to this application.