**UnitingCare Combined Research Approval Group / Human Research Ethics Committee Application Form** (Revised 2021)

**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 (Principal Advisor Research & Evaluation, Family & Disability Services) Ph: 0408 780 620 E: [chez.leggattcook@uccommunity.org.au](mailto:chez.leggattcook@uccommunity.org.au)
* **Blue Care:** Dr Gigi Sutton (Principal Care Governance & Quality Advisor) Ph: 0407 175 092 E: [g.sutton@bluecare.org.au](mailto:g.sutton@bluecare.org.au)
* **UnitingCare Health:** Shannon Lytras (Ethics Coordinator, UnitingCare Health Human Research Ethics Committee) Ph: 07 3232 7500 E: [ethics@uchealth.com.au](mailto:ethics@uchealth.com.au)
* 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 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.
2. 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.
3. The Research Approval Group will make one of three decisions:

* Approved
* Additional information required
* Rejected

1. Projects that receive approval will be forwarded directly to UnitingCare HREC (HREC) by the RAG Coordinator.
2. 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** researchers associated with the project. *Copy and paste as many Investigator tables as required to ensure that all researchers are listed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Chief Investigator** | | | |
| Title |  | | |
| First name |  | | |
| Last name |  | | |
| University / Organisation Affiliation |  | | |
| Student? | Yes | UnitingCare staff? | Yes |

|  |  |  |  |
| --- | --- | --- | --- |
| **Associate Investigator** | | | |
| Title |  | | |
| First name |  | | |
| Last name |  | | |
| University / Organisation Affiliation |  | | |
| Student? | Yes | UnitingCare staff? | Yes |

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| **Associate Investigator** | | | |
| Title |  | | |
| First name |  | | |
| Last name |  | | |
| University / Organisation Affiliation |  | | |
| Student? | Yes | UnitingCare staff? | Yes |

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| --- | --- | --- | --- |
| **Associate Investigator** | | | |
| Title |  | | |
| First name |  | | |
| Last name |  | | |
| University / Organisation Affiliation |  | | |
| Student? | Yes | UnitingCare staff? | Yes |

**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.

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| Chief Investigator contact | Name: |  |
| 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 | Go to Blue Care below |
| Family & Disability Services | Yes | Go to FaDS below |
| Health (hospitals) | Yes | Go to Health below |
| Support Services | Yes |  |

**Blue Care: Please select a Blue Care Region**

|  |  |  |
| --- | --- | --- |
| South East Queensland | North | Yes |
| South | Yes |
| Regional & Remote | North | Yes |
| South | Yes |
| Pinangba | Yes |

**FaDS: Please select a Family & Disability Services Region**

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| --- | --- |
| Greater Brisbane | Yes |
| South Coast, Lifeline & State-wide Services | Yes |
| Regional Queensland | Yes |
| Practice, Improvement & Development | Yes |

**Health: Please select a Hospital**

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| --- | --- |
| St Andrew’s War Memorial Hospital | Yes |
| Buderim Private Hospital | Yes |
| Wesley Hospital | Yes |
| St Stephen’s Hospital | Yes |

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

**A5. Please provide dates for key project phases.**

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| --- | --- | --- |
| **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).**

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**A7. Please provide the following information about the aims of your research.**

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| Overarching aim |  |
| Research question |  |
| 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 at the end of your literature discussion or provided as a separate attachment.*

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**A9. Please outline two specific deliverables to UnitingCare that the outcomes of your research may have.**

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| Deliverable 1 |  |
| Deliverable 2 |  |

**A10. Please outline any practice and/or policy implications of this research, for Uniting Care and/or external bodies or agencies.**

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**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 for measurement tools, interview schedules etc.*

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| **A11. Please describe your methodology, covering data collection and analysis.** | | | |
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| **A12. Who are the participants? Consider inclusion/exclusion criteria.** | | | |
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| **A13. In total, how many participants are you recruiting to the study and how many will be from UnitingCare?** | | | |
|  | | | |
| **A14. How do will you plan to recruit the participants? 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.** | | | |
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| **A16. Please describe the involvement required of consenting participants.** | | | |
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| **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 |
| *Service management* |  |  |  |
| *Head office support* |  |  |  |
| *Nursing staff/frontline staff* |  |  |  |
| *Carers* |  |  |  |
| **A18. Please describe the specific assistance or involvement required from each group of UnitingCare staff identified above.** | | | |
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| **A19. Will this project require unsupervised research interaction with participants?** | Yes  No |
| If yes, please indicate the details of who this will be, and the clearance they have, or will seek, prior to proceeding with the research? | |

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| **A20. Will there be backfill funding for the organisation or other remuneration for use of staff time in undertaking research?** | Yes  No |
| If yes, please provide further details: | |

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| **A21. Does the researcher (or researchers) who will have contact with participants hold all relevant registrations and probity requirements?** *Please append copies of all relevant documentation.* | |
| Recent Police Check (within 3 months) when working with older adults | Yes No N/A |
| A current Blue Card when working with children and young people under 18 years | Yes No N/A |
| Disability Worker Screening when working with people with a disability  (including older persons who are NDIS participants) | Yes No N/A |
| Please provide any relevant further details about registrations and probity: | |

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

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| **B1. Has the research received approval from another HREC other than the UnitingCare HREC?** *Please append a copy of any existing ethics approval/s.* | Yes  No  Pending |
| If yes or pending, please provide further details: | |

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| **B2. Is this project funded?** | Yes  No |
| If yes, please specify funding body and grant amount: | $ |

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| **B3a. In reference to the information below, is this a negligible risk assessment?** | | Yes  No |
| **B3b. In reference to the information below, is this a low risk assessment?** | | Yes  No |
| 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 | Research that carries low risk and/or negligible risk will be reviewed by a subcommittee of the UnitingCare 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 and 4.1-4.8 of the National Statement (2007, Updated 2018) must be reviewed by the full UnitingCare HREC. | |
| 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. | |

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| *Please provide a short rationale for your response to B3a/b :* |

**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, Updated 2018) of how each issue will be addressed. Space is provided on the following pages.**

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

**B22. Please provide details of each ethical issue identified on the previous page, paying particular attention to how these issues will be addressed.**

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

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**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.**

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