

APPLICATION FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

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| Principal Investigator | NAME:  EMAIL:  PHONE:  ADDRESS: |
| Supervisor (if relevant) | NAME:  EMAIL:  PHONE:  ADDRESS: |
| Name(s) of Other Researchers involved in the project (if relevant) |  |
| Brief Title of the Proposed Project |  |
| If this is a Student Project, Name of Course in which the Student is Enrolled (MA, MTh, etc.) |  |

**Instructions**

All projects involving data collection from human participants must be approved *prior* to the commencement of data collection, as specified by the [Research Ethics Guidelines and Policy](http://ac.edu.au/ppm/research-ethics-guidelines-and-policy/). Please complete this form in full, filling out all relevant information. The form can only be completed once you have a clear research question and methodology. Incomplete forms will not be processed. When drafting a Consent Form (using the template provided), ensure that the language is simple, clear, and without grammatical or spelling errors. If you need to provide additional information in response to any of the questions, please attach it to this form.

Please submit your completed form electronically to: [ethics@ac.edu.au](mailto:ethics@ac.edu.au). Any questions relating to the ethics process may also be directed to the above email address.

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| **SECTION 1**  **Collection of Data from Human Participants** |

Are any of the following applicable to your proposed research? Please respond “Yes” or “No”

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| 1.1 | Collection of data from human participants (interviews, surveys, observational data, etc.)  Note: If your response is “No” you do not need to get ethics approval. |  |
| 1.2 | Collection of data from minors (persons under the age of 18)  Note: If Yes, when you have completed Section 1 please complete Section 2 and 3; if No, skip Section 2. |  |
| 1.3 | Collection of data from participants who are mentally or physically impaired  Note: If Yes, please provide information on what measures you will undertake to ensure the rights of the participant are not violated. |  |
| 1.4 | Collection of information that may incriminate the participant or expose criminal activity  Note: If Yes, please specify the procedure you intend to follow if such information is uncovered. |  |
| 1.5 | Collection of data from Aboriginal and Torres Strait Islander people  Note: If Yes, please provide information on what measures you will undertake to ensure the rights of the participant are not violated. |  |
| 1.6 | Collection of data from any participants who may not be able to provide informed consent (E.g. elderly or sick persons, persons who may have language challenges, socially disenfranchised persons)  Note: If Yes, please provide information on what measures you will undertake to ensure the rights of the participant are not violated. |  |
| 1.7 | Collection of confidential personal information without the consent of the participant  Note: If Yes, please provide your rationale for collection of such information. |  |
| 1.8 | Collection of data involving deception (i.e. the participant isn’t fully informed of the true purpose of the research)  Note: If Yes, please provide your rationale for this. |  |
| 1.9 | Audio/video recordings or photographing of the participants  Note: If Yes, please include a section in your informed consent form that allows the participant to consent to such documentation of data. |  |
| 1.10 | Collection of material/information that could compromise the anonymity of the participant  Note: If Yes, please provide information on what measures you will undertake to ensure the rights of the participant are not violated. |  |
| 1.11 | Disclosure of data to persons who are not part of the research team specified in this form  Note: If Yes, please provide the rationale for such action and information on what measures you will undertake to ensure the rights of the participant are not violated. |  |
| 1.12 | Monetary or other form of compensation to the participants for participating in this research  Note: If Yes, please provide details of what this compensation entails. |  |
| 1.13 | Procurement of informed consent from the participant  Note: If Yes, please attach completed informed consent form. If No, please provide explanation for why informed consent will not be procured. |  |
| 1.14 | Please indicate the **level of risk** to the participants in this proposed research:  **Minimal Risk** – defined as “research in which there is no foreseeable risk or harm or discomfort; and any foreseeable risk is no more than inconvenience” (*National Statement on Ethical Conduct in Human Research*, 2007, p. 16)  **High Risk** – “Research in which the risk for participants is more serious than discomfort is not low risk” (*National Statement on Ethical Conduct in Human Research*, 2007, p. 16) |  |

**SECTION 2**

**Research with Children**

**Research with Children**

The overarching principle in the conduct of research with minors shall be that:

*No risk of significant harm to an individual is permissible unless either that harm is remedied or the person is of age and has given informed consent to the risk. Public benefit, however great, is insufficient justification.*

*Respect for the dignity and worth of persons and the welfare of students, research participants, and the public generally shall take precedence over self-interest of researchers, or the interests of employers, clients, colleagues or groups (AARE)[[1]](#footnote-1).*

Are any of the following applicable to your proposed research? Please respond “Yes” or “No”

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| 2.1 | Do you propose collection of data from minors (interviews, surveys, observational data, etc.)  Note: If your response is “No” proceed to Section 3. |  |
| 2.2 | Have you obtained written approval from the institution authorities for your proposed research e.g. director, principal, management team or governing body? (Attach copy) |  |
| 2.3 | Are you seeking informed consent from the child participants in addition to their parent? (signed consent, attach copy)  Note: Specialist advice must be sought when framing the consent forms for children. |  |
| 2.4 | Have you explained the concept of anonymity to you potential participants and the limits to confidentiality under Child Protection legislation?  Note: Specialist advice must be sought when framing such explanations. |  |
| 2.5 | Have you completed all the relevant Working with Children’s Checks in your jurisdiction? |  |
| 2.6 | Were potential issues related to Child Protection considered before your proposed research was framed? |  |
| 2.7 | Have you completed the relevant Child Protection training for Workers with Children? |  |
| 2.8 | In your proposed research will children be assessed, interviewed or measured alone as in individual child? |  |
| 2.9 | If ‘Yes’, have you planned for a suitable ‘public’ location and time to conduct your research so as to ensure the child’s protection and the researcher’s safety? |  |
| 2.10 | Have you ensured that your child participants understand that they can withdraw their participation at any time without the need for explanation?  Note: Specialist advice must be sought to ensure that child participants understand this. |  |
| 2.11 | If a parent and child wish, have you ensured that the parent can be present at any child participant interviews or data gathering exercise? |  |

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| **SECTION 3**  **Details of the Project** | |
| 3.1 | Estimated duration of the Project  From: (DD/MM/YY) To: (DD/MM/YY) |
| 3.2 | Is this a funded project? (Yes/No)  If so, please provide the name of the funding agency. |
| 3.3 | Please provide a brief description of your project (1 – 2 pages) including details of rationale, methodology, objectives and the process of data collection (including how participants will be recruited). |
| 3.4 | What are the potential benefits of this project? Please describe benefits to the participants and benefits in general. |
| 3.5 | What are the potential risks of this project? Please indicate any foreseeable risks to participants and describe what measures you have in place to address these risks. |
| 3.6 | How will your participants be recruited? Please include the wording of any flyers or announcements you intend to use. |
| 3.7 | If you intend to collect data from your own students, subordinate staff members, members of the congregation over whom you have pastoral authority, or any other persons who may feel obligated or under pressure to consent to participation in this project, this may indicate a conflict of interest.  Does your research involve a conflict of interest? (Yes/No)  If yes, please explain how you will address this. |
| 3.8 | Where (location) will data collection for this project be conducted? |
| 3.9 | Where will the collected data be stored, and what measures will you take to ensure confidentiality? (Please note that you are required to retain the data for a period of up to 5 years after the completion of the project). |
| 3.10 | Please attach all other documents relevant to your project, such as Consent Form, the questionnaire or other instrument you intend to use, and any flyers or announcements you intend to use in the recruitment of participants. |

Signature of Applicant Date



**Template: Consent to Participate in a Research Study**

## (Title of Proposed Research Project Here)

# WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are invited to take part in a research study about (*describe the study briefly here*). You may participate in this study if you are 18 years or older\*. Participation in this study is completely voluntary and your responses will be kept anonymous. You are free to decline to respond to certain questions or withdraw your participation at any time during the data collection process.

# WHO IS DOING THE STUDY?

The person in charge of this study is (*name of researcher here*) who is a (*program of study here*) student at Alphacrucis and is being supervised by (*name of supervisor, if applicable, here*).

# WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to (*describe the purpose of the study here)*

# WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

(*Specify the location at which data collection will take place and the time commitment involved for the participant*)

# WHAT WILL I BE ASKED TO DO?

(*Describe what the participant will be asked to do*)

WILL IT COST ME TO PARTICIPATE IN THIS STUDY?

*(Specify any foreseeable costs to the participant)*

WILL WHAT I SAY BE RECORDED OR VIDEOTAPED?

*(If using any recording devices, specify what these will be and specify that the participant has the right to refuse the use of these devices)*

ARE THERE ANY RISKS INVOLVED IN ME PARTICIPATING IN THIS STUDY?

*(Specify any foreseeable risks to the participant)*

WILL I RECEIVE ANY PAYMENT OR REWARDS/BENEFITS FOR TAKING PART IN THE STUDY?

(*Specify whether the participant will receive any compensation*)

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?\*\*

(*Provide contact details of the researcher and supervisor/lecturer, or Chair person of Alphacrucis research committee*)

I understand what I’m being asked to do and I agree to participate in this study.

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Signature of person agreeing to take part in the study (or guardian) Date:

\*If recruiting participants who are under the age of 18, informed consent from a parent or guardian must be received before beginning data collection, and all regulations related to collecting data from minors must be adhered to.

\*\* The researcher must retain a copy of the signed consent form and provide the participant with a copy as well.

JT051113

1. Association of Active Educational Researchers (AARE) Code of Ethics

   <http://www.aare.edu.au/ethics/ethcfull.htm>

   Williamson, E., Goodenough, T., Kent, J., Ashcroft, R. (2005) Conducting Research with Children: The Limits of Confidentiality and Child Protection Protocols, *Children & Society*, Vol 19, pp. 397–409, John Wiley & Sons Ltd. [↑](#footnote-ref-1)