



Bond University Research Ethics Committee (BUHREC)

BUHREC Protocol Number: RO-0

INSTRUCTIONS AND CHECKLIST BEFORE SUBMISSION TO BUHREC- BOND UNIVERSITY APPLICANTS

To ensure your project is processed without delays, please use this checklist before sending your application:

- Obtain a BUHREC Protocol Number from the Research Ethics Officer (5595-4194 or buhrec@bond.edu.au). Add this above. Note: you should have the project title, principal investigator's name and researcher(s) name(s) when requesting a protocol number.
- Complete the application form electronically using the form features of Microsoft Word.
- Save the file using the surname of the principal investigator and (if appropriate) the surname of the first co-/student investigator.
- All Items on the application form have been addressed.
- You have detailed a clear purpose of study using non-technical language.
- Details, duration and length of participation have been addressed.
- Risks have been outlined.
- Benefits of this research have been addressed.
- Signatures of Supervisor, all researchers and the Dean/ Associate Dean of the Faculty.
- Has Indemnity Insurance been assessed
- Has this research been registered as a clinical trial
If yes, Name of register: . No, state why:
- All appendices, instruments, explanatory statement are included.
- Print the **original** of the form, attach all appendices including the explanatory statement(s), instrument(s), stimulus material(s), and consent form(s) and obtain the signatures required in Section F (the Dean or Assoc. Dean from the relevant faculty must sign the application form. Forms without this authorisation will be returned to applicants for completion, prior to consideration by BUHREC).
- Make **two** copies of **ALL** pages **including appendices**. Note: The original and the copies must be on single sided paper. Double-sided printing will not be accepted. (You should retain an extra copy for your own records, which should be stored in a secure place).
- Submit an electronic copy of the application **including all appendices** (scanned items are acceptable) to the Research Ethics Officer by e-mail attachment (buhrec@bond.edu.au).

Explanatory Statement (ES)

- On Bond letterhead.
- BUHREC protocol number and title added.
- Counselling/ support service has been added as appropriate (check with supervisor).
- Assurance of confidentiality or anonymity is guaranteed.
- Ethics Officer details (buhrec@bond.edu.au) are added to the Explanatory Statement.
- Principal Researcher and Co/Student researchers' signatures are on the ES.

SECTION A: SUMMARY RECORD OF RESEARCH PROTOCOL

APPLICANTS - Type in the grey form fields, replacing existing text. Save document according to instructions, p 13.

RECORD ITEM	DATA
1. Name of Responsible Institution	Bond University Other:
2. Faculty/School/Institute/Centre	
3. Principal Researcher/Supervisor The Principal Investigator will be ultimately responsible for the ethical conduct of the research. In the case of student research the Supervisor exercises this responsibility.	Professor Name, Max 25 Chars Phone Fax email@staff.bond.edu.au
4. Co-Researcher(s)/Student Researcher(s) Co-/Student Researcher 1 (Primary Contact) Name Phone Fax Email Co-/Student Researcher 2 Name Phone Fax Email Co-/Student Researcher 3 Name Phone Fax Email Co-/Student Researcher 4 Name Phone Fax Email Co-/Student Researcher 5 Name Phone Fax Email	

RECORD ITEM	DATA
5a. What kind of research is this project?	Student research <input type="checkbox"/> Psychology/4 th Year <input type="checkbox"/> Multiple student research <input type="checkbox"/> Faculty/Centre research <input type="checkbox"/> (Skip 5b) Class Project / Template <input type="checkbox"/> (Skip 5b) External research <input type="checkbox"/>
5b. Degree Program (such as PG Dip Psyc, MA, PhD, etc)	
If you are a Postgraduate student, is the degree by course- work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6a. Project Title (Maximum of 150 Characters)	
7. Expected date of commencement of human data collection	
<i>Note: Must not be LESS than 30 days from this application.</i>	
8. Expected date of completion of human data collection:	
<i>Note: Should this date change you must advise BUHREC.</i>	
9. Type of Human Data Collection: Provide details in B2 below.	Question-asking/Survey Other Type
11a. Has this project, as presented here, been submitted to any other ethics committee(s)? Eg, research on hospital patients will require approval from that hospital's ethics committee.	Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, skip to Q12a)
11b. If Yes, give details of the committee.	Name of Committee Contact Phone Secretariat Address Secretariat e-mail
11c. Has that committee approved the research protocol? If Yes, attach supporting letter.	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
12a. Is the research in this protocol connected in any way with external funding or a grant?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, skip to Q13)
12b. If Yes, give details of the source of funding.	
13. What type of review are you seeking with this application? (See rules on the BUHREC web site to determine whether your research qualifies for expedited review.)	Full <input type="checkbox"/> Expedited <input type="checkbox"/>

SECTION B: RATIONALE AND PROCEDURAL DETAILS

1. THEORETICAL RATIONALE

1a. Write a concise, jargon-free explanation about this research. Link your project to a problem or theory identified in the **relevant** literature. If appropriate, state your hypotheses.

Note: Form limits word length to 400. If you run out of room, please edit to fit. You may wish to type in an unprotected Word document, spell check, then past into the form space.

1b. Include your short list of references here.

Form limits word length to 100. If you run out of room, reduce the number of references.

2. METHODS

2a. Tell us about your participants. (A) Approximately how many people will be involved as participants? (B) What kinds and ages of people will these be? (e.g.(A) $n=200$, (B) school children age 6-9 who are epileptics.)

Form limits word length to 100. If you run out of room, please edit to fit.

2b. Tell us about recruitment. (A) How will participants be recruited? (B) Where will participants be recruited? (C) who will recruit the participants? And (D) How and by whom will the research purpose and process be explained to the participants? A written explanatory statement must be given to participants in every research project; attach your Explanatory Statement to this application.

Form limits word length to 200. If you run out of room, please edit to fit.

2. METHODS (Continued)

2c. Tell us what you will do with your participants from the start to the end of the study, including (A) how much time you are asking of each participant. If there are treatment and control groups, (B) explain what happens to each. If tests, surveys, or interviews will be used, (C) describe these and (D) attach a copy of the questions and indicate whether or not participants will be anonymous. This is a very important part of the proposal. Please be as clear as possible.

Form limits word length to 400. If you run out of room, please edit to fit.

2. METHODS (Continued)

2d: Tell us how you plan to analyse the data you will collect by briefly discussing the statistical tests you will use and why you will use them. *Form limits word length to 200. If you run out of room, please edit to fit.*

3. DATA STORAGE AND SECURITY

3a. BUHREC requires the following procedures concerning storage of data. Please indicate your agreement to comply with these regulations by ticking both the following items.

- Only the researchers will have access to the original data.
- The data be securely stored in the relevant academic unit at Bond University for five years and be subsequently disposed of securely.

3b. If you have not ticked both the above statements and the above security precautions are not being followed, how will information be handled to safeguard confidentiality?

Form limits word length to 100. If you run out of room, please edit to fit.

SECTION C: ETHICS SUMMARY	
Instructions: Please respond Yes or No to EVERY item. If you respond Yes on ANY item, please complete the corresponding explanation in Section D. Corresponding explanations in Section D have the same item or question number as the Yes/No items in this section. IMPORTANT: If you answer Yes to ANY item below, you may not qualify for expedited review.	
RECORD ITEM	DATA
1. Is there a potential for power-dependency between researcher/data collection personnel and participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Will participants be deceived about the nature of the research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3a. Does this research involve minors, collectives or other special groups?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3b. Research with minors, collectives and special groups requires the use of a consent form which must be attached this application. Have you included the consent form?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
4. Will you need to take any participants alone to a private place to conduct the research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Will participants' identity be known in any way to you, the researcher(s), or to other participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6a. Will participants' private records be accessed for this research, or will you use existing records or data that is not ordinarily available to the public (e.g. medical records, personal diaries, computer data, or any other information not available in a public library)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6b. Will you be able, either directly or indirectly, to match people's names to their data?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
7. Is permission required from any organisation(s) that may control access to participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8.	Will the research involve the administration of any tests or procedures that can only be used by people with certain qualifications or training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.	Are you, the researcher(s), required by law to report any of the findings (eg some infectious diseases, child abuse etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.	Is there any risk of physical/psychological stress, inconvenience or discomfort beyond the normal experience of everyday life, in either the short or long term, from participation in the project?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11.	Will you debrief your participants following data collection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12.	Will inducements be offered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13.	Have you applied for external funding for this research project?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14.	<i>If you answered Yes to ANY of the above questions, tick Yes here and discuss the risk/benefit ratio of your research at 14 in Section D. If you did NOT answer Yes to ANY of these questions, tick No here.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION D: Ethics Explanations to Accompany Section C

Instructions: If you responded Yes to ANY item in Section C, you MUST provide an explanation in this section at the corresponding number. IMPORTANT: If you answer Yes to ANY item in Section C, requiring explanation in this section, you may not qualify for expedited review. If you answer NO to an item in Section C, leave the corresponding number in this section blank, or type NA.

1. If you indicated that potential exists for a power/dependency relationship between the recruiter or the researcher and the participants, describe the nature of the relationship, and explain what special precautions will preserve the rights of such people to decline freely from participating, or to withdraw from participation once the research has begun.

Form limits word length to 100.

2. If you indicated that subjects will be actively deceived about the nature or purpose of the research, explain why the real purpose needs to be concealed.

Form limits word length to 100.

3. If you indicated that this research will be conducted with participants who are younger than 18 years of age, please explain what special care is being taken to protect their naivety. Note that all research with minors requires the use of a consent form from parents, guardians or institutional bodies acting en loco parentis. You must attach a copy of the consent form; this application cannot proceed without it.

Form limits word length to 100.

4. If you indicated the need to take one or more participants alone to a private place to conduct the research: (A) What real or potential risk(s) to the researcher or the participant do you foresee and (B) what security methods will be employed? (These may include having a second researcher present or video-taping the session.)

Form limits word length to 100.

5. If you indicated that the identity of participants will be known either to you, the researcher(s) or to other participants: (A) Why must you know the identity of your participants (for example to match pre- and post-test data) and (B) what security measures will be used to protect the privacy of participants? (Measures may include de-identifying data, ensuring that records are stored securely and destroyed at the appropriate time.) Note that written, signed consent of participants may be required to collect personally identifying information.

Form limits word length to 100.

6a/b. If you indicated that the private records of participants will be accessed for this research, please explain: (A) what records you intend to use, (B) what permissions are required for this access including names and positions of persons who have given those permissions, and (C) how you have complied with Commonwealth and state or local privacy legislation.

Form limits word length to 100.

7. If you indicated that permission is required from one or more organisation(s) that may control access to participants, please provide: (A) information about the organisation(s) including whether they are Commonwealth Agency (i.e. a Commonwealth government department, an agency established by the Commonwealth, a federal union, the Australian Federal Police, or a federal or ACT court), (B) what you did or will do to seek permissions, and (C) whether permission is pending or has been granted. Note: you must provide BUHREC with written approval(s) before this application will be granted ethics clearance.

Form limits word length to 100.

8. If you indicated that the research involves administration of tests or procedures that can only be used by people with certain qualifications or training, please: (A) identify the test(s), (B) what qualifications are required and (C) the name(s) of the qualified person(s) who will administer these for your study.

Form limits word length to 100.

9. If you indicated that you, the researcher(s), are required by law to report aspects of the findings to authorised agencies, please explain: (A) to whom you must report, (B) which findings would require reporting and (C) how you can protect the safety of the participants and/or society in reporting such data (or avoiding such data collection)? Note: You must advise participants of this requirement in the Explanatory Statement and, in most cases, will be required to obtain their written, signed consent to collect data of this nature.

Form limits word length to 100.

10. If you indicated that risk(s) beyond the normal experience of everyday life may result from participation in the project, please: (A) explain the nature of this risk including its duration and severity, (B) what you will do to minimise or alleviate this risk to participants, (C) what you will do should participants experience such stress, inconvenience or discomfort during the research and (D) what resources you will refer them to. Notes: In such cases, it is often advisable to make available the telephone counselling number for Lifeline and similar agencies in the Explanatory Statement. These risks should normally be outlined on the explanatory statement and consent form. This application cannot obtain full approval without an attached explanatory statement.

Form limits word length to 100.

11. If you indicated that you will debrief your participants following data collection, explain the debriefing procedures you intend to use.

Form limits word length to 100.

12. If you indicated that inducements will be offered, provide details of: (A) the nature of the inducement, (B) which participants receive the inducement and under what conditions (if any) and (C) the necessity of the inducement to your project. Note: Inducements MUST be offered equitably and must NOT coerce or unduly entice participation.
Form limits word length to 100.

13. You indicated that you have applied for external funding in relation to this project. Indicate (A) the source of funding, (B) the status of the application (granted, pending or denied) and (C) whether the funding poses conflicts of interest for the researcher that may affect the interests of the participants.
Form limits word length to 100

14. By answering Yes to this item in Section C, you have indicated to BUHREC that your research proposal involves some level of risk to participants. Overall this risk may be very small or it may be very great. In the following space, please weigh the potential benefits of your research with the potential risks.
Form limits word length to 200.

SECTION E: DECLARATION

The following declaration is made by the signatories in Section F as an Agreement pertaining to this research project. The points in this declaration are mainly drawn from the NHMRC National Statement on Ethical Conduct in Research Involving Humans. Please tick each box AFTER you have read and agreed with each statement.

- I/we, the undersigned, accept responsibility for the conduct of the research detailed above. If any changes to the protocol are proposed after the approval of the Committee has been obtained, then BUHREC will be informed immediately of any matter that may warrant review of ethical approval of the protocol, including: (a) serious or unexpected adverse effects on participants; (b) proposed changes in the protocol; or (c) unforeseen events or adverse occurrences that might affect continued ethical acceptability of the project.
- I/we accept that if BUHREC imposes any conditions upon their approval of this research, the research can only proceed after such conditions have been satisfied and after notification of compliance with such conditions has been made to BUHREC.
- I/we accept that where BUHREC is satisfied that circumstances have arisen such that a research project is not being or cannot be conducted in accordance with the approved protocol and that, as a result, the welfare and rights of participants are not or will not be protected, BUHREC may withdraw approval. I/We accept that this research must not continue if ethical approval is withdrawn.
- In the preparation for and conduct of this research, the researcher(s) shall give every respect and consideration to participants' rights, beliefs, perceptions, customs and cultural heritage both individual and collective.
- I/we accept that at least annually (and more often if specified by BUHREC), reports must be submitted from Principal Researchers on matters including: progress to date or outcome in the case of completed research; secure maintenance of records; and compliance with any conditions of approval.
- I/we accept that BUHREC may recommend and/or adopt any additional appropriate mechanism for monitoring this research, including random inspections of the data, research sites and signed consent forms, and/or interviews of research participants (with prior consent).
- I/we accept that the National Health and Medical Research Council (NHMRC) may, from time to time conduct audits through the Australian Health Ethics Committee to ensure compliance with this declaration and statement contained in this questionnaire.

SECTION F: SIGNATURES

Signature of Principal Investigator/or Supervisor

Name: *(please print)*

Signature: Date:

Signature/s of Co-Investigator(s)/Student Researcher(s)

1. Name: *(please print)*

Signature: Date:

2. Name: *(please print)*

Signature: Date:

3. Name: *(please print)*

Signature: Date:

4. Name: *(please print)*

Signature: Date:

5. Name: *(please print)*

Signature: Date:

Signature of Dean or Associate Dean on behalf of Faculty, or for external applications, signature of researcher's employer and where applicable, responsible party of research facility.

I certify that my faculty/ facility take responsibility for this research.

Name: *(please print)*

Signature: Date:

Faculty/ facility: