

## RESEARCH ETHICS APPLICATION FORM

(Before completing this application, please refer to the Policy No. F4 Conducting Research with Human Participants.)

### A. PROJECT TITLE and TIMEFRAME

**A1. Title of project**

--

**A2. Period for which approval is sought**

Date data gathering is expected to commence:	
Date data gathering is expected to be completed:	
Date project is expected to be completed:	

### B. RESEARCHER/S

**B1. Principal researcher**

Title:	First name:	Family name:
Postal address:		
Phone:	Fax:	Email:
Employer / Place of study:		
Job title (and program title if employed by Anglicare)/ Course enrolled in:		

**B2. Co-researcher**

Title:	First name:	Family name:
Postal address:		
Phone:	Fax:	Email:
Employer / Place of study:		
Job title (and program title if employed by Anglicare)/ Course enrolled in:		

**C. PROJECT DETAILS**

**C1. Brief outline of:**

**a) the aims of the project**

**b) the likely benefits of the project for the communities targeted and relevant service providers**

**c) the relevance of the project to Anglicare's Research Agenda**

**C2. Method of data collection**

(A copy of any questionnaires or interview questions must be attached to this application.)

questionnaire

telephone interviews

focus group

face-to-face interview

other, please specify:

**C3. Outline of research method – what will participants be asked to do?**

**C4. Does the research involve participants taking any medications, participating in special diets or exercise routines, or other similar medical or health related interventions/activities?**

Yes

No

**If yes, please provide information on your risk management strategies and liability:**

**C5. Please outline how you intend to disseminate or publish the findings of the research**

## **D. PARTICIPANT INFORMATION**

**D1. Description of participants**

How many people will be involved? Briefly describe the profile of participants.

**D2. Do participants have the ability to give informed consent?**

Yes

No

**If no, why not and how will this be addressed?**

**D3. How will participants be contacted and recruited?**

(Please attach any information sheets, draft flyers, media advertisements, letters or other documentation that will be used to inform and recruit participants.)

**D4. Please explain how equity of participation will be sought from people from diverse cultural and linguistic backgrounds, including Aboriginal and Torres Strait Islanders. If their participation is not considered necessary, please explain why.**

**D5. How will participants' confidentiality and anonymity be ensured?**

**D6. Please outline the possible risks and/or burdens of the project to the participants, and detail how you will respond to such risks:**

## **E. DATA STORAGE**

**Please note that data collected during research projects needs to be stored securely for at least 5 years in accordance with Anglicare policy.**

**E1. After completing the project, data will be stored:**

- in writing                       on computer/disk/memory stick/portable drive  
 on audio tape/CD             on video tape/DVD  
 other, please specify:

**E2. Data will be stored securely for at least 5 years**

- Yes                                       No

**If yes, please explain where the data will be stored:**

## F. FUNDING

F1. Who is funding this research project?

F2. If approval is sought for a funding application, when is the application being submitted for funding?

F3. When is a result likely to be known?

**NOTE:** It is understood that even if funding has already been approved, no contact will be made with participants until Research Ethics Committee approval has been obtained.

## G. OTHER ORGANISATIONS / ETHICS COMMITTEES

G1. Please list any other organisations involved in the research (other than Anglicare)

G2. Please list the details of any other Ethics Committees being approached for approval of this project, including the date of approval or expected approval

## H. DOCUMENT CHECKLIST

Please check that the following documents are attached to this application

	Attached	Not applicable
Information sheet	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire / interview form	<input type="checkbox"/>	<input type="checkbox"/>
Consent form	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement / flyer / letter for recruitment of participants	<input type="checkbox"/>	<input type="checkbox"/>
Letter from other Ethics Committee(s) showing approval to conduct the research	<input type="checkbox"/>	<input type="checkbox"/>

## I. REQUEST FOR APPROVAL

### I1. Principal researcher:

*I seek approval for this research to be conducted at Anglicare SA*

Signed: ..... Date: .....

### I2. General Manager:

*Following consultation with the relevant Program Manager(s), I am supportive of this research being conducted in the portfolio of which I am a General Manager.*

Signed: ..... Date: .....

### I3. Chief Operations Officer:

*I am supportive of this research being conducted in Operations. I believe adequate resources are available for it to take place.*

Signed: ..... Date: .....

### I4. Chief Executive:

*I am supportive of this research being conducted within Anglicare SA.*

Signed: ..... Date: .....

## J. SUBMITTING THE APPLICATION

Your completed application form needs to be submitted, with relevant documents attached, to the Project Officer, Strategy and Research. You can submit your application by email to [research@anglicare-sa.org.au](mailto:research@anglicare-sa.org.au) or post to 18 King William Road, North Adelaide SA 5006.