

**Form 2**

**Application to Conduct Research (external)**

**Note:**

Please complete all sections of this application form. If a section is not applicable to your proposed research, please insert NA and provide a brief explanation.

Completed applications should be submitted to Bravehearts Research Department: [research@bravehearts.org.au](mailto:research@bravehearts.org.au) or PO Box 575, Arundel BC, Qld, 4215

**Researcher’s Details**

|  |  |
| --- | --- |
| Name of principal researcher: |  |
| Contact address |  |
| Contact phone: |  |
| Current employment: |  |
| Organisation or institution research is to be conducted through: |  |
| If the research is being conducted as part of academic study, indicate which qualification: |  |
| Highest academic qualification: |  |
| Name and qualification of co-researcher/s or supervisor/s: |  |
| If the research is being conducted towards a qualification, has university ethics approval been sought (please attach): |  |
| Please attach a brief CV (no more than 1 page) |  |

**Summary of Proposed Research Project**

|  |  |
| --- | --- |
| Title: |  |
| Summary of planned research project: |  |

**Project Proposal**

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| --- | --- |
| Statement of research objectives (include perceived benefits to the community or to Bravehearts): |  |
| Summary of methodology or research plan: |  |
| Summary of how the data collected will be analysed: |  |
| Summary of any preliminary research or activity to date: |  |
| Summary of how the research outcomes will be reported: |  |
| Is the research funded (internal or external)? |  |
| Does funding require review by an HREC? |  |
| Has ethics approval been undertaken or planned (e.g. HREC, organisation ethics process)? |  |
| When do you anticipate starting and finishing the research: |  |

**Research Methods**

Check all that apply:

|  |  |
| --- | --- |
| Focus groups |  |
| Face-to-face interviews |  |
| Telephone interviews |  |
| Observation |  |
| Covert observation |  |
| Psychological tests |  |
| Computer based tests |  |
| Paper based tests |  |
| Audio or video recording |  |
| Identifying questionnaires or surveys |  |
| Anonymous questionnaires or surveys |  |
| Document analysis |  |
| Analysis of existing dataset/s |  |
| Case studies |  |
| Randomised control research |  |
| Internet or web based research |  |
| Please list any psychological, computer or paper based tests you intend to use. Otherwise please attach copies of interview scripts, questionnaires or surveys: | |

**Participants**

|  |  |  |
| --- | --- | --- |
| Does the research specifically target participants from any of the following groups (check all that apply); | | |
| Children or young people under18 years | |  |
| School-aged children | |  |
| University students | |  |
| General public | |  |
| Bravehearts staff or volunteers | |  |
| Bravehearts clients or client family members | |  |
| Clients or family members of clients from another organisation | |  |
| Members of a community group or organisation | |  |
| Prisoners or persons held in detention | |  |
| Indigenous persons | |  |
| People from CALD community | |  |
| People with a disability | |  |
| People with a dependent or unequal relationship with researchers | |  |
| Other: | | |
| Identify where potential participants will be selected and recruited: |  | |
| How will participants be contacted? (please provide example contact letters/information sheets) |  | |
| How many participants will be recruited? |  | |
| List any exclusion or inclusion criteria: |  | |
| What will be required of participants? |  | |
| Are there any benefits for participants or the wider community? |  | |
| Will participants receive any reimbursement or reward for participating? |  | |

**Consent Method**

Check all that apply:

|  |  |
| --- | --- |
| Written informed consent |  |
| Recorded informed consent |  |
| Parent, guardian or carer consent |  |
| Child’s assent with parent or guardian consent |  |
| Young person (16-17 years) consent |  |
| Child less than 16 years assent |  |
| Implied consent |  |
| Existing consent |  |

**Consent and Confidentiality**

|  |  |
| --- | --- |
| Please outline processes for ensuring informed consent from participants (please attach consent forms/information sheets): |  |
| Please outline processes for ensuring confidentiality for participants: |  |

**Ethical Issues**

|  |  |  |
| --- | --- | --- |
| 1. Will participants be quoted either directly or using a pseudonym in reporting the outcomes of this research? | Yes | No |
| 1. Will participants of this research be identifiable in the reporting of the outcomes from this research? | Yes | No |
| 1. Could the research cause participants psychological or emotional stress? | Yes | No |
| 1. Could the research potentially expose participants to civil, criminal or other proceedings or activity? | Yes | No |
| 1. Could the research expose participants to financial loss or damage to their reputation? | Yes | No |
| 1. Could the research have a negative impact on the participants’ personal relationships? | Yes | No |
| 1. Will the research involve the collection of sensitive personal information or impact on the privacy of participants? | Yes | No |
| 1. Are participants under the age of 18 or unable to give informed consent? | Yes | No |
| 1. Will the research involve deception or limited disclosure to participants? | Yes | No |
| 1. Will the research involve covert observations? | Yes | No |
| 1. Will potential participants be offered payment or any inducement that is likely to encourage participant’s to take risks? | Yes | No |
| 1. Are potential participants in a dependent or unequal relationship with the researcher? | Yes | No |
| 1. Will the research potentially expose illegal activity by participants? | Yes | No |
| 1. Will the research cause any burden or inconvenience to participants? | Yes | No |
| 1. Will the research involve a risk of physical injury or discomfort? | Yes | No |
| If you answered ‘Yes’ to any of the questions above please information on how these risks to participants will be managed: | | |

**Potential Risks**

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate any potential risks with the proposed research: | | | |
| Physical risks: | Yes | | No |
| Social risks: | Yes | | No |
| Legal risks: | Yes | | No |
| Psychological risks: | Yes | | No |
| Ethical risks: | Yes | | No |
| Risks to the researcher or the organisation: | Yes | | No |
| Please state nature of risks and how the researcher endeavours to minimise risks: | |  | |
| If you do not believe there are any risk, please state why: | |  | |
| Please outline the benefits against the risks of the research: | |  | |

**Data Collection and Storage**

|  |  |  |
| --- | --- | --- |
| Will the Chief Researcher be responsible for the security of data collected? | Yes | No |
| If No, please provide further details: | | |
| Will only the researchers named in this application have access to the data? | Yes | No |
| If No, please give details of others who will have access and for what purpose: | | |
| Will data be kept in a locked filing cabinet? | Yes | No |
| If No, please explain: | | |
| Will data and identifiers be kept separately? | Yes | No |
| If No, please explain: | | |
| Will access to computer files be secure/password only? | Yes | No |
| If No, please explain: | | |
| Will data storage comply with the Australian Code for the Responsible Conduct of Research? | Yes | No |
| If No, please explain: | | |
| Will data be kept for a minimum of five years? | Yes | No |
| If No, please explain how long the data will be kept: | | |
| How and when (if this is the intention) will the data be disposed of? | | |

**Declaration:**

As Chief and (where applicable) Principal Researchers, we accept responsibility for the conduct of the proposed research and will ensure that the research is conducted in accordance with the methodologies outlined in this application. If any changes are made that will impact on the level of risk or privacy of participants, participating organisations or of the Bravehearts organisation, these will be discussed with Bravehearts Research Manager prior to commencement.

All information obtained during this research project will be treated in accordance to the confidentiality provisions outlined above.

The data collected and the final research report will remain the property of Bravehearts.

In signing this application, I declare that the research protocol conforms to the National Statement of Ethical Conduct in Human Research.

Chief researcher’s signature:       Date:

Chief researcher’s name:

Principal researcher’s signature:       Date:

Principal researcher’s name:

**Reviewed by Bravehearts’ Ethical Research Advisory Committee**

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| --- | --- |
|  | **Office Use Only** |
| **Recommendation:**  Approve:  Revise and resubmit (attach recommended changes):  Seek established HREC feedback:  Reject (attach comments):  Print Name:  Position: | Sign:  Date: |
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