## LNR Ethics and Governance Application Form

Please note: responses must be typed into this form – **do not** write responses by hand

Submit via email to: [CALHNResearchLNR@sa.gov.au](mailto:CALHNResearchLNR@sa.gov.au) and [HealthNALHNRGO@sa.gov.au](mailto:HealthNALHNRGO@sa.gov.au)

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| --- | --- | --- | --- |
| Project full title |  | | |
| Term of the study | Start date: | End date: | |
| Principal investigator | Name:  Department:  Employer:  Work email:  Telephone: | | |
| Reviewing Human Research Ethics Committee (HREC) | Central Adelaide Local Health Network HREC  Southern Adelaide Clinical HREC  SA Health HREC | | Aboriginal Health HREC  Women’s and Children’s Health Network HREC  Other: |
| Other Committee approvals | Animal Ethics Committee  Institutional Biosafety Committee | | Radiation Safety Report  Other: |
| Type of application | Low Risk  Negligible Risk | | Access Request  Other: |
| **SA Health sites involved in study**  **e.g. NALHN – LMH, MH, NCMHS, Watto Purunna** |  | | |
| Non SA Health sites involved in the study e.g. SAHMRI, University of Adelaide AHMS, UniSA HIB |  | | |
| **Conflicts of interest** | Yes  No  If yes, please provide details in the protocol | | |
| **Existing data** (further details to be provided in the protocol) | Will access to patient data be required in the study?  Yes  No | | |
| Has participant consent been obtained?  Yes  No | | |
| If access is required outside of your normal duties attach approval from person / department responsible for authorising access | | |
| **New Data collection** (further details to be provided in the protocol) | Will there be collection of data?  Yes  No  Will participant consent be obtained?  Yes  No  Will a databank be established?  Yes  No | | |
| **Existing tissue/samples** (further details to be provided in the protocol) | Will access to tissue / samples be required in the study?  Yes  No  Are the tissue/samples held within your department?  Yes  No  Has participant consent been obtained?  Yes  No | | |
| If access is required outside of your department attach approval from person /department responsible for access to tissue/sample e.g. manager of tissue bank | | |
| **New sample collection** (further details to be provided in the protocol) | Will there be collection of samples?  Yes  No | | |
| Will a tissue bank be established?  Yes  No | | |
| Will participant consent be obtained?  Yes  No | | |
| **Peer review (e.g. grant application)** | Yes  No  If yes, provide details | | |
| **Funding** | **In-kind.**  Provide details: personnel and hours of support for NALHN staff.  Attach approval from appropriate Business Manager. | | |
| Internal department funding If yes, NALHN  / University  / SAHMRI  / Other  Provide details of funding and cost centre for NALHN only | | |
| External Funding Grant  Company sponsored  Research Services  Provide details of funding to be provided to or from NALHN | | |
| **Budget** | If funds are to be paid to or by NALHN, attach approved budget | | |
| **Agreement** | If funds are to be paid to or from NALHN an agreement must be in place.  Will there be an agreement associated with this study?  Yes  No  If yes please attach | | |
| **Non SA Health investigators** | Where the project is being conducted within NALHN or accessing NALHN participants, their tissue or data:  Are all members of the project team employees of SA Health?  Yes  No  If No, confirmation of Admin/HR/Laboratory Manager that non-SA Health investigators have approval to be on NALHN site(s) is required  If not previously submitted to this Research Office please attach | | |
| If the project involves team members who are not SA Health employees, confirmation of insurance and indemnity cover for the study by the non SA Health organisation is required | | |
| **CV** | A copy of a CV for all researchers / students involved in the study must be registered with the Research Office.  If not previously submitted this to the Research Office please attach | | |
| **Study Protocol** | Attach the Study Protocol and all additional documents (Patient Information and Consent Forms, questionnaires, recruitment flyers etc). | | |
| **Additional information to assist with the review:** | | | |
| Declaration by all research personnel involved in the study at this site Project title:  I/we certify that:   1. All information in this form is truthful and as complete as possible. 2. I/we have had access to and read the *NHMRC National Statement on Ethical Conduct in Human Research 2007* (National Statement) and the *Australian Code for the Responsible Conduct of Research 2018* (the Code). 3. The research will be conducted in accordance with all ethical and research governance arrangements of the organisations involved. 4. I/we have no conflicts of interest or have disclosed any conflicts of interest to the ethics review committee and NALHN Research Office and will manage them in accordance with the National Statement and the Code. 5. I/we will maintain the confidentiality, integrity, privacy and security of information in accordance with the *SA Health Code of Fair Information Practice 2004* and *Australian Privacy Principles 2014*. 6. I/we have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these. 7. I/we will only commence this research project after obtaining ethics approval and governance authorisation.  |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Role**  e.g. PI/ student/ supervisor | **Employer/Affiliation** | **Signature** | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Declaration by the head/s of department**  *This declaration must be completed by* ***all*** *head/s of department (or facility, location or service) involved in supporting the project. Complete a separate declaration for the head of* ***each*** *department involved in the project at this site.*  *Where the principal investigator for the study is also the head of department, certification must be sought from the person to whom the head of department is responsible. Investigators must not approve their own research on behalf of the department.*  Project title:   1. I certify that I have read the project application named above. 2. I certify that I have discussed this project and the resource implications for this department with the principal investigator. 3. I certify that the principal investigator and other investigators involved in the project have the necessary skills, training and experience to undertake their role, and where necessary, appropriate training and supervision has been arranged. 4. I certify that there are suitable and adequate facilities and resources for the project to be conducted at this site as proposed, and they are available for the duration of the project. 5. I certify that the research project has been costed appropriately and there are sufficient funds to cover the costs of conducting research at the site.   My signature indicates that I support this project being carried out using the required resources, based on the information provided by the principal investigator.   |  |  |  | | --- | --- | --- | | Name of department |  | | | Name of head of department |  | | | Signature | | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | OFFICE USE ONLYDeclaration by Research Office Project title**:**  Our Reference  HREC:  SSA:  EGA:  This application has been reviewed and is:  Supported  Not Supported   |  |  |  | | --- | --- | --- | | Name |  | | | Position |  | | | Signature | | Date | | Comments | | | | | Final Authorisation Noting the endorsement provided above, I hereby recommend this project is:  Authorised  Not Authorised   |  |  |  | | --- | --- | --- | | Name |  | | | Position |  | | | Signature | | Date | | Comments | | | | | | | |