**HUMAN ETHICS IN RESEARCH FULL APPLICATION FORM**

**Applications need to be received by the second Tuesday of the month to be considered by HERG in that month.**

Please refer to Ethics Guidelines prior to completing the application and discuss any aspects of the ethics application with your Research Leader.

The Research Office is located at the City Campus, B Block. Email: [Research@wintec.ac.nz](mailto:Research@wintec.ac.nz)

**Please see the last page of this document for detailed instructions for completing this form.**

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| **1.0** | **PROJECT TITLE** |
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| **2.0** | **RESEARCHER/S** |  | |
| 2.1 | Primary research’s name |  | |
| 2.2 | School/Centre |  | |
| 2.3 | Contact details  (Telephone and e-mail) |  | |
| 2.4 | Is this application a: | Student application | Staff application |
| 2.5 | If this is a student application, please provide the Module code here |  | |
| 2.6 | Is this project a staff application that utilises work partially or wholly undertaken by students who are not participants? (e.g., data collection undertaken by a researcher’s class that the researcher intends to analyse and publish). | Yes  No | |
| 2.7 | If so, please clearly describe what the role of these students is to be in this research, what the work will be used for explicitly (including any issues regarding authorship of research outputs such as journal articles), and what steps have been taken to ensure students are aware of this. |  | |
| 2.8 | Name of other researcher(s) and positions  (If this is a student application please provide the name(s) of the project supervisor(s) and indicate they are supervisors here) |  | |
| 2.9 | Contact details of other researchers or supervisors  (Telephone and e-mail) |  | |
| 2.10 | In this application: | A new application  A subsequent approval request following a significant change to an already approved application | |

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| **3.0** | **PROJECT TIMELINE** |
| Projected start date for **data collection** (Please note, projects can only begin once this application has been approved):  Projected end date: | |

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| **4.0** | **PROJECT SUMMARY** |
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| **5.0** | **PROJECT DETAIL** |  |
| 5.1 | Please state the objectives of the research. |  |
| 5.2 | Please state the method of data collection in detail (for example, discuss the use of any Focus Groups, Interviews, or Exercise Programme strategies for data collection. Also, please attach copies of any Focus Group Questions, Interview Schedules, etc, to this application. If these are still in development, please attach the latest draft). |  |
| 5.3 | Please state the benefits and any scientific value expected from this project. |  |
| 5.4 | What are the characteristics of the participants (e.g., elite athletes, the elderly, nursing students, school children)? |  |
| 5.5 | Describe the criteria and the process for selecting participants for the research. Make explicit any exclusion criteria. |  |
| 5.6 | Describe the process for recruiting participants for the research (e.g., are you emailing the information sheet or having a face-to-face meeting?). |  |
| 5.7 | Do you feel that the participants are vulnerable in any way (e.g., school children, please with disabilities)? If you feel that they are, in what way may they be vulnerable? |  |
| 5.8 | How many participants do you expect to recruit? |  |
| 5.9 | Are the participants previously known to the researcher in any way? If so, please outline the relationship and what processes are to be put in place so that potential participants do not feel pressured or coerced into participating. |  |
| 5.10 | Will this research involve blood samples, saliva samples, body fluids?  If the answer is **YES** to any of these, please state in the detail how the samples are to be collected and stored, as well as the disposal process (e.g., disposal will be per instructions in the Occupational Safety and Health Laboratory Standards and Procedures Manual Version 5.20, Centre for Sport and Exercise Science). | Yes  No |
| 5.11 | Are you intending to pay any expenses or reimburse participants in any way? | Yes  No |
| 5.12 | Is there any other assistance being offered to participants (e.g., meals, transport)? | Yes  No |
| 5.13 | Is there any harm (e.g., physical, or psychological, including any deception) or inconvenience participants may encounter? | Yes  No |
| 5.14 | If your answer was **YES** to the previous question, what measures or strategies have you put in place to minimise and deal with any harm that may arise? |  |

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| **6.0** | **PROPOSED SOURCE(S) OF FUNDING** | |
| 6.1 | Indicate the intended sources of funding for the project (e.g., Wintec Research Funding, External Funding). |  |
| 6.2 | Please indicate any ethical issues or conflicts of interest or restrictions that may arise because of the source(s) of funding (e.g., depending on the type of external funding there may be restrictions on publication of results). |  |

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| **7.0** | **ETHICAL APPROVAL AND CODES OF PRACTICE** | |
| 7.1 | Do you require **ethical approval** from any other organisation (e.g., a University, the Health Research Council, a District Health Board).  *If you have already received ethical approval from another organisation, please include a copy with this application.* | Yes  No  If **YES**, please provide name of the organisation: |
| 7.2 | Please indicate you have understood, and you are aware that you are required to adhere to the Wintec policy document Human Ethics in Research AC-96/04 A & B. | Yes  It is a requirement that you read and understand this document in order to conduct your research. |
| 7.3 | Is there an additional code of practice applicable to your research (e.g., the Health Information Privacy Code 2020, the Children’s Act 2014, the New Zealand Recreation Standards (Sports)). | Yes  No  If **YES**, please state which code or standard is applicable: |
| 7.4 | Does your application require Wintec Institutional Consent in order to conduct research with staff/students from a particular school(s)? (This is required for any research that involves interviewing anyone in their capacity as Wintec Staff or Students). | Yes  No  If **YES**, please attach a completed Wintec Institutional Consent Form (available from the RO). |

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| **8.0** | **TREATY OF WAITANGI** |  |
| 8.1 | Are Māori people the primary focus of this project (as either participants or in relation to possible impacts or effects)? | Yes (please proceed to Section 8.2)  No (please proceed to Section 8.8) |
| 8.2 | Is the researcher fluent in Te Reo Māori and tikanga Māori? | Yes – Please describe your level of fluency any familiarity with tikanga:  No – Please outline in Section 8.3 what processes there are in place for the provision of cultural advice in this area. |
| 8.3 | Please identify the people/group(s) with whom consultation has taken place or is planned, and describe the consultation process (e.g., Wintec Kaumatua, HERG Māori Representative, or Iwi authority, depending on the nature of the research). |  |
| 8.4 | Please describe any ongoing involvement of the person/group(s) identified in Section 8.3, in relation to consultation in the research.  (Please note that this does not necessarily have to occur). |  |
| 8.5 | Please describe how information resulting from this project will be shared with Māori people (including the people/group(s) identified in Section 8.3). |  |
| 8.6 | Please clearly state whether or not there is any aspect of your research which may raise specific issues pertaining to Māori (e.g., taking, storage and disposal of blood samples, saliva samples, body fluids). | Yes  No  If **YES**, please outline: |
| 8.7 | Does your research possibly involve Māori archival material and/or knowledge? | Yes  No |
| 8.8 | Please indicate that you have read and understood the Wintec Policy document Conducting Research in a Māori Context AC-99/08 A & B. | Yes  It is a requirement that you read and understand this document in order to conduct your research. |
| 8.9 | Explain how the intended research process is consistent with Conducting Research in a Māori Context AC-99/08 B, Section A, 1.0 Treaty of Waitangi. |  |
| 8.10 | Please outline what other Māori involvement there may be and how this will be managed (for example, what cultural advice would you seek if there were some Māori participants in your research?). |  |

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| **9.0** | **OTHER CULTURAL CONSIDERATIONS** | |
| 9.1 | Does the research specifically target a particular ethnic group (other than Māori)? | Yes  No |
| 9.2 | Are there any aspects of the project that might raise specific cultural issues (other than issues for Māori participants)? | Yes (please proceed to Section 9.3)  No (please proceed to Section 10) |
| 9.3 | Is the researcher fluent in the language of the target population? | Yes – Please describe your level of fluency:  No – Please outline in Section 9.4 what processes there are in place for communicating with participants and receiving cultural advice in this area. |
| 9.4 | Describe the cultural competence of the researcher for working with this group in carrying out this project. |  |
| 9.5 | Please identify the people/group(s) with whom consultation has taken place, or is planned, in order to address cultural issues and describe the consultation process (e.g., is there someone involved in this project who serves as a cultural advisor to the researcher(s)?). |  |
| 9.6 | Please describe how information resulting from this project will be shared with your participants from this cultural group (including the people/group(s) identified in Section 9.5). |  |

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| **10.0** | **CONSENT PROCESS** |  |
| 10.1 | Will informed consent be given by participants in writing? | Yes – Please attach completed Participant Information Sheet and Participant Consent Form to this application.  No – Please justify the use of oral consent: |
| 10.2 | Will participants include persons under the age of 16?  Please note that participants under the age of 16 require parent/caregiver consent. | Yes  No  If **YES**, please indicate the age range: |
| 10.3 | Will participants’ ability/capacity to give informed consent personally be compromised in any way (e.g., due to physical or intellectual disability)? | Yes  No  If **YES**, please indicate why this is the case, as well as how alternative consent will be obtained: |
| 10.4 | If written consent is to be obtained, please indicate as applicable, the Consent Form is: | for the collection of data.  for attribution of opinions or information.  for the release of data to others.  for using the outcomes of this research for a conference presentation, report, or publication.  for using the outcomes of this research for a particular purpose not otherwise listed. Please state the particular purpose here: |
| 10.5 | Will access to the research data be restricted to the investigator(s) only. | Yes  No |

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| **11.0** | **PRIVACY** – please select one of the following | |
| 11.1 | The research is totally anonymous, i.e., no person, not even the researcher, can identify the interviewees or other persons involved in the research. | Yes  No |
| 11.2 | The research is partially confidential, i.e., the participants are known only to the research(s) and/or supervisor. | Yes  No |
| 11.3 | The research is neither anonymous nor confidential, i.e., participants are identified, and their contribution is stated. | Yes  No |

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| **12.0** | **STORAGE OF DATA** |  |
| **Note: All questionnaires, interview notes, and similar materials are to be retained for 5 years after the conclusion of the research (this is the usual accepted timeframe for storage of data).** | | |
| 12.1 | The procedure for the storage of, access to, and disposal of raw data, both during and at the conclusion of the research will be: | All written material (questionnaires, interview notes, etc) will be kept in a manual file under lock and key.  All written material (questionnaires, interview notes, etc) stored on any recordable medium will be kept in an electronic file, password protected, under lock and key.  Access to all written material (questionnaires, interview notes, etc) whether in a manual file or a password protected electronic file, will be restricted to the researcher(s) only.  If others have access, please detail who, why and type or degree of access: |
| 12.2 | If audio and/or video recordings are being used: | Audio or video recordings will be returned to the participants.  Audio or video recordings will be stored securely, whether physically or electronically.  Audio or video recordings will be destroyed. |

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| **13.0** | **FEEDBACK AND DISSEMINATION** |  |
| 13.1 | Please detail the procedure for providing feedback to participants, and in what format it will be given. |  |
| 13.2 | If you are not intending to provide feedback to participants, please explain why. |  |
| 13..3 | Please indicate how Research Results will be disseminated: | Publication in academic or professional journals and other publications (could be edited book). State which publications if known:  Dissemination at academic or professional conference. State where/when if known:  Other. Details: |
| **Finally, please refer to the attached check-sheet to ensure you have completed all information required for this application and sign.** | | |

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| **Researcher(s) signature(s) (the name and signature of all researcher(s) to be included):** | | |
| **Name** | **Signature** | **Date** |
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| **Primary Supervisor’s signature (if this is a student application):** | | |
| **Name** | **Signature** | **Date** |
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| **Research Leader’s signature:** | | |
| **Name** | **Signature** | **Date** |
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**COMPLETING THIS FORM**

Please note: The completion of this full application form may not be necessary. Please consult the Wintec Ethics Application Screening Questionnaire, the Wintec Low Risk Application Form, and/or your Research Leader before completing this form if you are unsure. If, as staff member or student, you are new to research or are in any doubt as to which application to submit, please consult with your Research Leader. If you are still in any doubt, you may consult the RO.

**Specific instructions**

* All questions are to be answered where indicated, note the questions within require a mix of descriptions, yes/no answers and cross the boxes (click on the box to check it).
* Research Leaders are required to review and sign off on the information in this form prior to application being made to the RO.
* Following Research Leader review, please send a signed copy to the RO by the due date.
* No questions are to be deleted, even those that you feel you are not required to answer.
* No part of the research requiring ethical approval should commence prior to approval being confirmed.
* If you want to apply for an extension on a previously approved project, please contact the RO, as you will probably not need to submit a separate application.
* Applicants will be invited to present an overview of their proposed research to the Human Ethics in Research Group and will be advised of the outcome **no later than 5 working days** after the date of the committee meeting.

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| **HUMAN ETHICS IN RESEARCH FULL APPLICATION FORM – CHECK LIST** | |
| **Research project title:** |  |
| **Name of primary researcher:** |  |

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| **DOCUMENTS ATTACHED TO THIS APPLICATION** | | |
| **Completed HERG Application Form** | Yes | No |
| **Participant Consent Form** | Yes | No |
| **Participant Information Sheet** | Yes | No |
| **Copy of Focus Group Questions, Interview Schedule, or similar** | Yes | No |
| **Advice or support from a Kaumatura or other relative people/group(s)**  (if required under Section 8.1) | Yes | No |
| **Wintec Institutional Consent Form**  (if required under Section 7.4) | Yes | No |
| **Copies of ethical approval from another organisation e.g., University, Health Research Council**  (if required under 7.1) | Yes | No |