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|  | Research Office (R.O.)Human Ethics in Research Group (HERG) |

WINTEC ETHICS APPLICATION SCREENING QUESTIONNAIRE

This questionnaire is intended as a tool for researchers to determine, either by themselves or (preferably) in consultation with their Research Leader, what level of application they are required to complete and submit to the R.O.

If the project is one in which the nature of the potential/actual risk of harm to participants or the researcher is minimal and no more than is normally encountered in daily life, then a Low Risk Application should be completed.

Research that does involve a certain amount of risk for the researcher and/or participants requires the completion and submission of a Full Application.

If, as a 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. The R.O. recognises that small-scale class projects frequently involve little risk and are likely to require Low Risk Applications only but it is up to the individual student to consult with their supervisor in order to make this decision.

This Screening Questionnaire is not considered to be an ethics application and it does not need to be submitted to the R.O. It is merely a tool to gauge what level of ethics application is required.

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| **1.0 RISK OF HARM** | | |
| 1.1 | Are there situations in which the researcher(s) themselves may be at risk of harm (either physical or psychological)? | Yes  No |
| 1.2 | Is the researcher using a questionnaire or interview that might reasonably be expected to cause discomfort, embarrassment, or psychological or spiritual harm to the participants (regardless of level of anonymity)? | Yes  No |
| 1.3 | Are there processes within the research at any stage that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination or create incorrect perceptions? | Yes  No |
| 1.4 | Is there to be any collection of information of illegal behaviour(s) gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships? | Yes  No |
| 1.5 | Is there to be the collection of blood, body fluid, tissue samples or similar? | Yes  No |
| 1.6 | Is there to be any form of exercise regime, physical examination, or deprivation (e.g. sleep, dietary)? | Yes  No |
| 1.7 | Is there to be the administration of any consumable item (food, beverage), supplement, drug, medicine or placebo (whether swallowed or discharged)? | Yes  No |
| 1.8 | Is there to be any induced physical pain beyond mild discomfort or energy expenditure? | Yes  No |

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| **2.0 INFORMED AND VOLUNTARY CONSENT** | | |
| 2.1 | Are there any participants who the researcher(s) can identify as being unable to give written consent for any reason? | Yes  No |
| 2.2 | Are there any participants who are otherwise unable to give informed consent? | Yes  No |
| 2.3 | Are any of the participants under the age of 16 (in which case, parental/guardian consent is required for their participation)? | Yes  No |
| 2.4 | Are any of the participants under the age of 18 (in which case they are still considered ‘vulnerable’ in research ethics terms)? | Yes  No |
| 2.5 | Are the participants in a dependent situation, such as people with a disability, or residents of a hospital, nursing home, or prison? | Yes  No |
| 2.6 | Are the participants vulnerable in any other way? | Yes  No |
| 2.7 | Are previously collected information or biological samples for which there was no explicit consent involved in this research? | Yes  No |

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| **3.0 PRIVACY AND CONFIDENTIALITY** | | |
|  | Does this research involve an evaluation or investigation of organisational services or practices, where personal or otherwise sensitive information is being collected, and where a participant may be identified? | Yes  No |

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| **4.0 DECEPTION** | | |
|  | Is there to be any deception of participants, including concealment and/or covert observations (Blinding)? | Yes  No |

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| **5.0 CONFLICT OF INTEREST** | | |
|  | Are there any conflicts of interest for the researcher (e.g. in relation to funding or in relation to the positioning of the researcher)? | Yes  No |

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| **6.0 COMPENSATION TO PARTICIPANTS** | | |
|  | Are there to be any payments, koha or inducements (other than reasonable reimbursement for travel expenses or other related costs) to participants? | Yes  No |

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| **7.0 PROCEDURAL** | | |
| 7.1 | Is there any further ethical requirement or approval required from an outside organisation (e.g. from another tertiary institution)? | Yes  No |

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| **8.0 TREATY OF WAITANGI AND MĀORI PARTICIPATION** | | |
| 8.1 | Are Māori the primary focus of this project (either as participants or in relation to potential benefits/effects) in which any aspects of the project might raise specific cultural issues for Māori? | Yes  No |

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| **9.0 OTHER CULTURAL CONSIDERATIONS** | | | |
| 9.1 | Does the research specifically target a particular ethnic group (other than Māori) (either as participants or in relation to potential benefits/effects) where the project might raise specific cultural issues for the ethnic group? | Yes  No |
| 9.2 | Are other specific minority cultural group/s, and/or vulnerable populations the primary focus of this project (either as participants or in relation to potential benefits/effects)? where the project might raise specific issues for that group? | Yes  No |

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| **10.0 HEALTH AND DISABILITY RESEARCH COMMITTEE REVIEW** | | |
| 10.1 | Are your participants recruited to participate in their capacity as consumers of health or disability support services? | Yes  No |
| 10.2 | Are your participants recruited to participate in their capacity as relatives or caregivers of consumers of health or disability support services? | Yes  No |
| 10.3 | Are your participants volunteers in clinical trials? | Yes  No |
| 10.4 | Does your research involve the use of human tissue? | Yes  No |
| 10.5 | Does your research involve the use of participants’ health information? | Yes  No |

If you answered **‘No’** to all the questions in this questionnaire, you may prepare and submit a Wintec Te Pūkenga Low Risk in Human Ethics in Research Application Form.

If you have answered **‘Yes’** to any question in this questionnaire, you must consider a Human Ethics in Research Full Application Form.

If you answered ‘Yes’ to any of the questions in Section 10, you may need to apply for ethical approval from the Health and Disability Ethics Committee (HDEC). For more information, please consult the HDEC Scope Summary located at <http://www.ethics.health.govt.nz/applying-review>. If you are required to complete one, the application process can be accessed at <https://nz.ethicsform.org/SignIn.aspx> The R.O. can help you in deciding whether this is necessary or can assist in completing applications to the HDEC.

**If you are still in any doubt as to which form to complete or how to complete it,**

**you may contact the R.O. for assistance.**