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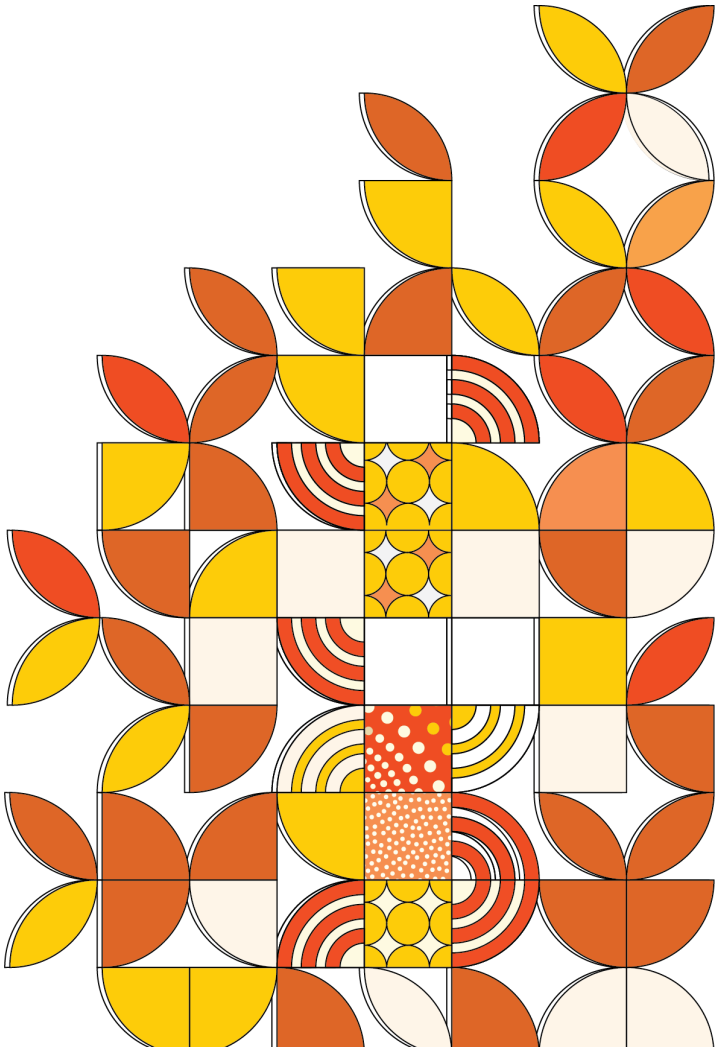
Application Form for Low-Risk Research Ethics Approval



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EDUCATION for EMPLOYMENT:
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Application Form for Low-Risk Research Ethics Approval

SECTION 1

This form is for the Institute of Health and Management (IHM) staff and students seeking ethics approval for Low-Risk human research (as defined in the Guideline on Low and Negligible Risk Research).

This form may be used for an eligible research project, which may include, but is not limited to:

☐ Research Paper

☐ Surveys

☐ Interviews

☐ Secondary data collection/analysis

Scope

Projects involving more than Low-Risk are out of scope for this Application (Based on National Statement 2025).

Instructions

✓ Complete all sections of the form.

✓ Tick relevant checkboxes.

✓ Attach all required documents (see part E).

✓ Submit to the IHM Low-Risk Human Research Ethics Review Panel (IHM-LR-RERP)

Low-Risk Eligibility Checklist

Low-Risk Human Research Eligibility Checklist (Based on National Statement 2025)

Table 1

Tick Yes or No for each item:

Criteria	**Yes [x]**	**No [x]**
The only foreseeable risk is discomfort or minor inconvenience (e.g. brief fatigue, mild anxiety, short delay)		
The research does not target vulnerable/high-risk groups unless the procedures remain low-risk		
Content (e.g. survey/interview questions) is non-sensitive, unlikely to cause distress or embarrassment		
The research involves no clinical, invasive, therapeutic, deceptive, or covert procedures		
Privacy is protected; identifiable data is consented for use, or de-identified/publicly available		
If a QA/evaluation, it reviews standard practice only (no experimentation, no sensitive data collection)		

✅ If you answered **Yes to all**, proceed to the next section.

⚠️ If you answered **No to any**, consult the Research Ethics and Integrity Officer/Research and Innovation Manager. Your project may not be suitable for Low-Risk Human Research Ethics Approval.

SECTION 2

Part A: Project and Investigator Details

Please complete all applicable fields:

1. **Project Title:** _____
2. **Project Summary (2–3 plain-language sentences):**
3. **Principal Investigator (PI):**

   Name: _____ Position/Dept: _____

   Email: _____ Phone: _____
4. **Co-Investigators/Assistants (if any):**

   ☐ Names, roles, affiliations, and contact details:
5. **Student Research (if applicable):**

   ☐ Student Researcher Name(s): _____ ☐ Student ID(S): _____

   ☐ Course/Program: _____ ☐ Year: _____

   ☐ Supervisor Name (if applicable): _____ ☐ Supervisor Contact: _____
6. **Funding or Support Source:**

   ☐ Internal ☐ External (specify): _____ ☐ None
7. **Proposed Data Collection Dates:**

   Start: _____ End: _____
8. **Location(s):**

   ☐ Online ☐ On-campus ☐ External Site (specify): _____

   ☐ Site permissions obtained ☐ Site permissions pending
9. **Previous Ethics Approval:**

   ☐ No ☐ Yes : Approval No.: _____ Date: _____

Part B: Project Description and Objectives

10. **Background and Rationale:**

    Briefly describe the issue or question addressed and why this research matters.
11. **Research Aims or Objectives:**

    ☐ Hypothesis-driven ☐ Exploratory ☐ Evaluation
12. **Method Overview:**

    ☐ Survey ☐ Interview ☐ Focus Group ☐ Secondary Data Analysis

    ☐ Audit or QA ☐ Other: _____

    Describe the general data collection and analysis plan:

13. **Participant Details:**

☐ Target Group: _____

☐ Estimated Number: _____

☐ Inclusion/Exclusion Criteria: _____

☐ Involves Aboriginal or Torres Strait Islander participants? ☐ Yes ☐ No

(If yes, complete Part D)

14. **Expected Outcomes/Benefits:**

☐ Contribution to knowledge

☐ Improvement of practice (QA)

☐ Direct or indirect benefit to participants or community

☐ Other: _____

15. **Planned Dissemination:**

☐ Student Thesis/Assignment ☐ Publication ☐ Conference ☐ Internal Use (QA)

☐ Participants will receive a summary on request

Part C: Risk and Ethics Assessment

16. **Participant Risk and Safety**

☐ Only low-level risks expected (e.g. mild stress, minor inconvenience)

☐ Participants can skip questions or withdraw anytime

☐ Support contacts provided in PIS if sensitive issues arise

Briefly describe any anticipated discomforts and how they will be managed:

17. **Privacy and Confidentiality**

Data collected will be:

☐ Anonymous ☐ Coded/Re-identifiable ☐ Identifiable (with consent)

Data storage location:

☐ Encrypted server ☐ Password-protected file ☐ Locked physical cabinet

Retention duration:

☐ Minimum 5 years ☐ Other (specify): _____

☐ In compliance with the Privacy Act and NHMRC Guidelines

☐ Identifiable data use is justified and consented or approved

18. **Data Management**

☐ Practices follow the Australian Code for Responsible Conduct of Research

☐ Use of secondary/existing data approved and de-identified

☐ External storage or sharing uses secure protocols and agreements

☐ Institutional data (QA) complies with data governance requirements

19. **Consent Process**

☐ Participant Information Sheet (PIS) provided

☐ Written consent form signed ☐ Implied consent for anonymous surveys

☐ Participants informed of their rights, including withdrawal

☐ Waiver of consent justified and aligns with National Statement (if applicable)

☐ Participants can request research findings (optional)

20. **Participant Welfare and Support**

☐ Participants may skip questions or end sessions at any time

☐ Support/referral contacts included in PIS

☐ No coercion or undue incentives

☐ Incentive provided? ☐ No ☐ Yes (specify): _____

21. **Academic Integrity and Safety** *(for student projects)*

☐ Supervised by: _____

☐ Student trained in ethical research

☐ Conflicts of interest declared and managed

☐ Project complies with the Australian Code and the IHM academic honesty and integrity policy and procedure

Part D: Aboriginal and Torres Strait Islander Research Considerations (if applicable)

22. **Complete this section if your research involves Aboriginal and/or Torres Strait Islander participants, data, or issues affecting these communities. If not applicable, tick below.**

☐ Not applicable – no expected Indigenous involvement

23. **If applicable, address the following:**

23.1 Indigenous Engagement and Consultation

☐ Community input has been sought (e.g., via Elders, Indigenous organisations, or IHM's Indigenous unit)

☐ A letter of support or community endorsement is attached

☐ Ongoing consultation is planned throughout the project

23.2 Cultural Respect and Safety

☐ Research methods are culturally appropriate and respectful

☐ Communication and consent are tailored to participant needs

☐ NHMRC Indigenous ethics principles will be followed

23.3 Benefit and Impact

☐ The project has identifiable benefits for Indigenous participants or communities

☐ Feedback on results or capacity building is planned

☐ Community will be informed of outcomes in accessible ways

23.4 Data Governance and Ownership

☐ Data storage/access will respect Indigenous data sovereignty

☐ The community will be consulted on data use and publication

☐ Co-authorship or shared control is offered where appropriate

23.5 Ethical Frameworks Compliance

☐ NHMRC (2018) and AIATSIS (2020) guidelines will be followed

☐ Any Indigenous ethics body approvals are noted or attached

Part E: Attachments Checklist

24. Attach all relevant documents. Tick all included items:

☐ Advertise/Recruitment Materials (flyers, emails, scripts)

☐ Survey/Interview Questions (full list or tools)

☐ Participant Information Sheet (PIS)

☐ Consent Form

☐ Letters of Support / Site Permissions

☐ Other Supporting Docs (e.g., evaluation tools, data agreements)

25. All attachments must be versioned and clearly labelled (e.g., "Attachment 1 – PIS").

Part F: Declarations and Signatures

Note: All responsible parties must sign this declaration

26. Principal Investigator Declaration

☐ I confirm the accuracy of this application and agree to conduct the project per the National Statement (2025), Australian Code (2018), and IHM policies.
☐ I will report adverse events and comply with the conditions of approval.

Name: _____ **Signature:** _____ **Date:** _____

27. Co-Investigator Declaration (if applicable)

☐ I confirm the accuracy of this application and agree to conduct the project per the National Statement (2025), Australian Code (2018), and IHM policies.
☐ I will report adverse events and comply with the conditions of approval.

Name: _____ **Signature:** _____ **Date:** _____

28. Student Researcher Declaration (if applicable)

☐ I agree to conduct the research under my supervisor's guidance and adhere to research integrity

principles.

Name: _____ **Signature:** _____ **Date:** _____

29. **Supervisor Declaration (if a supervised student project)**
    ☐ I have reviewed and support this application.
    ☐ I will supervise ethical compliance and provide ongoing guidance.

    Name: _____ **Signature:** _____ **Date:** _____
    Position: _____

30. **Head of the School Approval/Endorsement**
    ☐ This project aligns with departmental strategy and resources.
    ☐ I forward this low-risk research project to LR-HREP for consideration of ethics approval.

    Name: _____ **Signature:** _____ **Date:** _____

Ethics Panel Approval (for internal use only)

☐ *Refer to the Low-Risk Research Ethics Approval Form for the outcome of this application*

Ethics Approval: Approved by the IHM Low-Risk Human Research Ethics Panel

Appendix 1: Participant Information Sheet (PIS) Template

Why is this research being done?

☐ This project aims to understand or improve: [Brief explanation in plain language].

☐ It is being conducted according to national ethical guidelines to ensure your safety and rights.

Why me?

You are invited because: [Explain briefly, e.g., "you are a registered nurse with over one year of experience"].

☐ Participation is voluntary

☐ Approximately [number] participants will be involved.

Do I have to take part?

☐ No, participation is your choice

☐ You can withdraw anytime without giving a reason

☐ Choosing not to participate will not affect your study, grades, employment, or relationship with IHM.

What will I be asked to do?

You will be invited to:

☐ Complete a survey (approx. [XX] mins)

☐ Attend an interview (approx. [XX] mins), which may be recorded with your permission

☐ Other: [Describe if applicable]

☐ You may skip any question or pause/stop at any time.

☐ Activities will take place: [e.g. online, IHM campus, etc.]

Risks or Discomforts

☐ The risks are minimal.

☐ You may feel minor fatigue or discomfort.

☐ You can skip questions or stop anytime.

☐ Support or referrals will be provided if distress arises.

Benefits

☐ No direct benefit, but your input may improve knowledge or practices.

☐ A $____ gift card will be provided [if applicable].

☐ Travel/parking costs will be reimbursed [if applicable].

☐ No payment provided.

Privacy and Confidentiality

☐ Your information will remain confidential and stored securely

☐ We will remove names or identifiers from any publication

☐ Data will be retained for five (5) years, then securely destroyed

☐ Only the research team will access the data

☐ We follow the Privacy Act 1988 (Cth) and relevant laws

Withdrawal from the study

☐ You can withdraw at any time

☐ Data provided before withdrawal can be deleted if not already de-identified or published

☐ To withdraw, contact the researcher or IHM Office of Research (see below)

What happens with the results?

☐ Results may be used for: ☐ Thesis ☐ Journal article ☐ Conference ☐ Quality improvement

☐ No one will be identified in the results

☐ You can request a summary of the findings

If you are an Aboriginal or Torres Strait Islander participant

☐ This research respects Indigenous cultural protocols

☐ The research team has consulted community representatives

☐ You may request a support person/elder during participation

☐ You control how your data is used or shared

☐ The study follows the AIATSIS Code (2020) and NHMRC guidelines.

Contact Details

Researcher: [Name] – Phone: [XXX] – Email: [email]
Supervisor (if applicable): [Name] – Phone: [XXX] – Email: [email]
IHM Office of Research: Phone: [XXXX XXX XXX] Email: research@ihm.edu.au
Mail: Research and Innovation Manager, Institute of Health & Management, Address: Level 2/187 Boundary Rd, North Melbourne VIC 3051, Australia

Appendix 2: Low-Risk Human Research Consent Form Template

Project Title: [Insert Title]
Researcher(s): [Insert Name(s)]

☐ I have read and understood the Participant Information Sheet.

☐ I understand the study's purpose, what participation involves, and any risks/benefits.

☐ I have had the chance to ask questions and received satisfactory answers.

☐ I voluntarily agree to participate and understand I can withdraw at any time.

☐ I understand my data will be kept confidential and securely stored.

☐ I consent to the interview being audio-recorded (if applicable).

☐ I will receive a copy of this signed consent form.

Participant Name (print): _____
Signature: _____ **Date:** _____

Researcher/Witness Name (print): _____
Signature: _____ **Date:** _____