**HUMAN RESEARCH ETHICS APPLICATION FORM**

All research projects dealing with human subjects/participants are required to obtain ethics approval prior to data collection. The completed application form is to be submitted to the Research Office.

Please ensure that the following forms accompany this application form.

1. Confidentiality Agreement form
2. Consent form
3. Participant Information Sheet
4. **ACADEMIC STAFF**

I declare that I have read the [*FNU Human Research Ethics Policy*](https://www.fnu.ac.fj/wp-content/uploads/2022/07/FNU-Human-Research-Ethics-Policy.pdf) and understand the ethical principles and guidelines listed in it. The responses to the following questions are informed by my understanding of these principles.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACADEMIC STAFF\*** | **NAME & TITLE** | | | |
| **Principal**  **Applicant:** | Click here to enter text.  Click here to enter text. | | | |
| **COLLEGE** | **FNU STAFF/STUDENT ID** | **PHONE CONTACT** | **EMAIL ADDRESS** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Co-Applicant(s):** | **NAME & TITLE** | | | |
| Click here to enter text.  Click here to enter text. | | | |
| **COLLEGE** | **FNU STAFF/STUDENT ID** | **PHONE CONTACT** | **EMAIL ADDRESS** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Co-Applicant(s):** | **NAME & TITLE** | | | |
| Click here to enter text.  Click here to enter text. | | | |
| **COLLEGE** | **FNU STAFF/STUDENT ID** | **PHONE CONTACT** | **EMAIL ADDRESS** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**[Please add more rows and columns if you require any further names]**

**\*Excluding Staff who are also students**

1. **STUDENT**

The Principal Supervisor of the proposed Masters by Research degree or PhD should be the main applicant.

The Principal Supervisor and Student must sign below to indicate that the student undertaking the research has been

counselled about human research ethics issues in the proposed research and agree that the Screening Questionnaire has been completed as accurately as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal**  **Supervisor:** | **NAME & TITLE** | | | |
| Click here to enter text.  Click here to enter text. |  |  |  |
| **COLLEGE** | **FNU STAFF/STUDENT ID** | **PHONE CONTACT** | **EMAIL ADDRESS** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.2 Student Applicant** | | | |
| **Full Name:** | Click here to enter text. | **Student ID:** | Click here to enter text. |
| **Programme of Study:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **College:** | Click here to enter text. | **Email:** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3 Co-Supervisor(s)** | | | |
| **Full Name:** | Click here to enter text. | **Staff ID:** | Click here to enter text. |
| **Position:** | Click here to enter text. | **Student ID:** | Click here to enter text. |
| **College:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. | | |
|  | | | |
| **2.4 Full Name:** | Click here to enter text. | **Staff ID:** | Click here to enter text. |
| **Position:** | Click here to enter text. | **Student ID:** | Click here to enter text. |
| **College:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. | | |

**NOTE**: Research must only continue after formal approval by the FNU Human Research Ethics Committee (FNUHREC) has been granted. A minimum of seven (7) working days for low-risk proposals and 30 working days for high-risk proposals is to be allowed from the submission of the application and final approval of the FNUHREC.

|  |  |
| --- | --- |
| **2.5 Project Title:** | Click here to enter text. |

**PART A: RISK ASSESSMENT CHECKLIST**

The level of risk (Negligible/Low-Risk/High-Risk) involved in your proposed project/research will be determined by the following Risk Assessment Checklist.

The following questions will guide you and the FNUHREC will determine the level of risk for your project.

1. **ASSESSMENT OF RESEARCH TOPICS AND PROCEDURES**

The following questions will determine if your research project would be classified as “exempt from ethics review”. Please **tick** if any of the following criteria apply to your research project:

|  |  |
| --- | --- |
| You will use the existing data set and conduct a secondary analysis of the data | Yes  No N/A |
| The data of this existing set is non-identifiable to you or other investigators | Yes  No N/A |
| You have received written approval to access and use information from this data set | Yes  No N/A |

If you answered **Yes** to all the above questions, then your research project may be classified as “exempt from ethics review”, and you do not seek formal approval from the FNUHREC.

Please indicate by placing a mark on either **Yes** or **No**. If you have answered **Yes** to any of the following questions, then it is High-Risk research, and your research project will require further consideration by FNUHREC.

1. **TOPICS DIRECTLY UNDER INVESTIGATION (in part or whole)**

|  |  |
| --- | --- |
| Parenting behaviour or styles | Yes  No |
| Sensitive personal issues or sensitive personal information | Yes  No |
| Sensitive cultural or ethnic issues | Yes  No |
| Grief, death or serious/traumatic loss | Yes  No |
| Gambling | Yes  No |
| Eating Disorders | Yes  No |
| Illicit drug-taking or drug abuse | Yes  No |
| Substance abuse | Yes  No |
| Self-report of criminal behavior/illegal activity | Yes  No |
| Mental disability or any psychological disorder, depression, mood states and/or anxiety | Yes  No |
| Suicide | Yes  No |
| Sexuality, sexual behaviour or gender identity or sexual orientation | Yes  No |
| Race or ethnic identity | Yes  No |
| Any disease or health problem | Yes  No |
| Fertility | Yes  No |
| Termination of pregnancy | Yes  No |
| Grief, death or serious/traumatic loss | Yes  No |
| Young people under age 18, except in a normal educational context involving standard procedures | Yes  No |

1. **CONFIDENTIALITY & DATA COLLECTION ASSESSMENT**

|  |  |
| --- | --- |
| Will the participants in this research project be anonymous? | Yes  No |
| Will participants be identified or re-identified by the codes used? | Yes  No |
| Will participants be identified in any final report when specific consent for this has not been given? | Yes  No |
| Will the Institution to which participants belong be identified? | Yes  No |
| Are participants in a dependent or unequal relationship with the researchers? For example, lecturer /student, doctor/patient, etc.? | Yes  No |
| Will you use a sound recording or an image recording? | Yes  No |
| Are participants members of a socially identifiable group with particular cultural or religious needs or political vulnerabilities? | Yes  No |

1. **RESEARCH PARTICIPANT ASSESSMENT**

|  |  |
| --- | --- |
| Participants are aged 18 years or less | Yes  No |
| Participants are cognitively or emotionally impaired | Yes  No |
| Participant/s ability to give consent is impaired | Yes  No |
| Participants with a physical disability or medical vulnerability | Yes  No |
| Participants are from the minority/marginalised group (For example ethnic minority/transgender) | Yes  No |
| Participants are institutionalised (prison/hospital/mental hospital) | Yes  No |
| People with existing relationships with the researcher (For example. relative, friend, co-worker) | Yes  No |
| Medically vulnerable | Yes  No |
| Economically vulnerable populations (due to poverty) | Yes  No |
| Socially vulnerable groups and other stigmatised groups. For example, People who are involved in illicit activities like sex work, drug trafficking, people living with HIV, etc. | Yes  No |

1. **RISK OF HARM & DECEPTION ASSESSMENT**

|  |  |
| --- | --- |
| Participants will undergo physical discomfort or pain | Yes  No |
| Participants will undergo psychological discomfort | Yes  No |
| Participants will undergo social discomfort | Yes  No |
| Administration of physical stimulation | Yes  No |
| Administration of other substance | Yes  No |
| Use of personal data obtained from the Government Department or other institutions where participants can be identified or linked | Yes  No |
| There is a risk of harm from the project the researcher | Yes  No |
| Covert and hidden observation | Yes  No |
| Audio or video recording without consent | Yes  No |
| Concealing the purpose of research | Yes  No |
| Some form of deception is involved | Yes  No |
| Recruitment via third party or agency | Yes  No |

1. **CULTURAL & SOCIAL ISSUES**

|  |  |
| --- | --- |
| Is this research culturally sensitive? | Yes  No |
| Does the research require communication with the participants in a language other than English? | Yes  No |

1. **EXTERNAL OBLIGATION**

|  |  |
| --- | --- |
| Is the research funded externally? | Yes  No |
| Is there any conflict of interest presented by the source/s of funding to the research topic? | Yes  No |

1. **RESEARCH IN OVERSEAS SETTINGS**

|  |  |
| --- | --- |
| Research being undertaken in a politically unstable area | Yes  No |
| Research in countries where criticism of government and institutions might put participants and/or researchers at risk | Yes  No |
| Research involving sensitive social/cultural/political/ethnic/religious issues | Yes  No |
| Risks to the researcher(s) For example Research undertaken in unsafe environments or trouble spots. | Yes  No |

**PART B: HUMAN RESEARCH ETHICS**

Please complete all the sections of **Part B**

1. **PROJECT DETAILS**
   1. **Project Type**

Research by Academic Staff Member (s)

Research by student(s)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please specify)

* 1. **Is this project part of a larger project?**

Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9.3 Proposed Project Duration** | | | | |
| **Proposed project commencement date:** | Click here to enter a date. | | **Proposed project conclusion date:** | Click here to enter a date. |
| **Project Summary (Maximum 300 words):** | | Click here to enter text. | | |
| **Project Aims (Maximum 100 words):** | | Click here to enter text. | | |
| **Methodology/data collection techniques (Maximum 500 words):** | | Click here to enter text. | | |

1. **PARTICIPANT DETAILS**
   1. **Does your research project involve:**

Human Participants (*complete all questions in section 3*)

Use of data banks only

**10.2 Participants’ Age Range**

|  |
| --- |
| Click here to enter text. |

**10.3 Will any participants be ill or frail?**

Yes  No

If **yes**, please describe the situation.

|  |
| --- |
| Click here to enter text. |

**10.4 Are there any criteria that will determine whether participants are included or excluded from the research?**

Yes  No

Provide details of all inclusion and exclusion criteria and explain why each criterion is important to this research (**Maximum 100 words):**

|  |
| --- |
| Click here to enter text. |

1. **Sampling method**
   1. Please state how names and contact details of potential participants will be obtained from where they will be recruited,

how they will be invited to participate, and who will approach potential participants to seek their involvement. Sample copies of recruitment advertisements should be submitted with this application.

(*Note:* ***Where participants are chosen/selected from schools, hospitals, prisons or other institutions, written permission/approval from the institution or appropriate authority must be provided. (See Question 7)).***

|  |
| --- |
| Click here to enter text. |

**11.2 Compensation to Participants**

Not Applicable  Applicable

**11.3 Will any of the participants be students of FNU?**

Yes  No

1. **RESEARCH USING EXISTING DATABASES**
   1. **If the research involves access to the existing database provided by an institution(s), please indicate:**

|  |  |
| --- | --- |
| **Whether formal permission/clearance has been sought or obtained from the relevant institution(s)** | Click here to enter text. |

1. **DESCRIPTION OF PROCEDURES**
   1. **Will questionnaire(s) be used in the project?**

No  Yes (please attach a copy to this application)

* 1. **If interviews or focus groups are to be held, please indicate the kind of questions to be asked or issues to be discussed below.**

|  |
| --- |
| Click here to enter text. |

* 1. **During this project will you require to take photographs video recordings or audio recordings of the participant(s)?**

Not Applicable  Yes (please provide details below)

|  |
| --- |
| Click here to enter text. |

1. **STUDY LOCATION**
   1. **Please identify the precise location of the study**

[If permission is required to use the location, indicate how permission will be obtained].

|  |
| --- |
| Click here to enter text. |

1. **PARTICIPANT’S CONSENT**
   1. **How will consent be obtained?**

Written Consent Form  Informed consent by electronic submission

Verbal Consent (explain below how consent will be recorded)

|  |
| --- |
| Click here to enter text. |

* 1. **How will “competence to give consent” be determined and who will make this determination?**

**Please provide the details below:**

|  |
| --- |
| Click here to enter text. |

* 1. **Will Participant Information Sheets and Consent Forms be used?**

Yes (copies attached)  No (please explain below)

An alternative method of obtaining consent will be used (please specify below)

|  |
| --- |
| Click here to enter text. |

1. **RECORDING AND SECURITY OF PROJECT DOCUMENTATION**
   1. **How will data be recorded? (For example-. written questionnaires, interview notes, photographs, audio/video recording, and or direct electronic data entry).**

**Please provide details herein below**.

|  |
| --- |
| Click here to enter text. |

* 1. **Will confidentiality of results be maintained?**

Yes  No

|  |
| --- |
| Click here to enter text. |

* 1. **Indicate how the security of data will be maintained and specify the precise location of the storage place(s):**

|  |  |
| --- | --- |
| **During the study:** | Click here to enter text. |
| **Following the completion of the study (for 5 years):** | Click here to enter text. |

* 1. **Will any data (including samples) be preserved for possible future use in another project either by yourself or another researcher?**

Yes  No

1. **RISK AND INDEMNITY**
   1. **Is there any risk of physical, psychological, social, legal, financial, employment, and/or professional harm to the participant or organization?**

Yes  No

**If yes, please provide details.**

|  |
| --- |
| Click here to enter text. |

1. **ATTACHMENT CHECKLIST**

**Ensure the following attachments are included (where applicable)**

Copy of confidentiality agreement form (Part A -Section 3)

Copy of the proposed Participant Information Sheet(s) (Part B Section 15)

☐ Copy of Consent Form(s) (Part B Section 15.1)

Copy of sampling method (Part B -Section 11.1)

Copy of questionnaires(s) (Part B Section 13.1)

Proposed interview/focus group topics/interview tool (Part B Section 13.2)

Evidence of permission to use places off-campus (Part B Section 14.1)

1. **DECLARATION**

By submitting this application, we, the**Principal Applicant** and **Co-Applicants**, declare that I/ we:

have read and agree to abide by the conditions and constraints of the *FNU Human Research Ethics Policy* and other relevant University and/or statutory requirements.

accept responsibility for the accuracy of the information provided in this application and for the conduct of this research in accordance with the principles contained in the *FNU Human Research Ethics Policy* and any other conditions specified by the University FNUHREC.

abide by the terms and conditions set by the FNUHREC.

will ensure that the qualifications and/or experience of all FNU personnel involved with the project are appropriate to their role and/or to the procedures performed.

will ensure that appropriate permits from external organisations or agencies will be obtained and that any imposed conditions will be observed.

certify that the information contained in this application is true and accurate.

understand that the information contained in this application is given on the basis that it remains confidential in accordance with relevant University and statutory regulations; and

will seek approval for a modification to the research prior to the implementation.

1. **PRINCIPAL APPLICANT AND CO-APPLICANTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** Click here to enter text. | | | |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** Click here to enter text. | | | |

1. **COLLEGE APPROVALS**

**21.1 ASSOCIATE DEAN RESEARCH - COMMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** Click here to enter text. | | | |

**21.2 COLLEGE DEAN - COMMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** Click here to enter text. | | | |

**CONFIDENTIALITY AGREEMENT**

**Researchers Detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Affiliation:** | Click here to enter text. | **Telephone:** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Signature:** | Click here to enter text. |
| **Project Title:** | Click here to enter text. | | |

This form is for all researchers’ recording or editing image or sound data, transcribing, interpreting, translating, entering data, and destroying data.

By signing below, I agree that I have read and fully understood the above agreement and will follow all of the specified conditions outlined below:

I agree –

* not to reveal any information about what is contained in the audio recordings or the written transcripts.
* to keep all research information secure and return it to the researcher when I have completed the research tasks.
* not to disclose anything regarding the participants or the data collected in this study with anyone other than the research investigator/s.
* not to retain or copy any information about this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** Click here to enter text. | | | |

**CONSENT FORM**

**Researchers Detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Full Address** | Click here to enter text. | **Telephone:** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Signature:** | Click here to enter text. |
| **Project Title:** | Click here to enter text. | | |

I have read, understood and/or have been read and explained to me in my first language (…………..…….), the Information Statement describing the above-named project, and I understand its contents.

I understand the purpose, extent, and possible risks of my involvement in this project and agree to participate as a subject in the project.

I understand that I have the right to withdraw from the project at any time and withdraw all given information as well.

I consent to the publication of the project findings on the understanding that my anonymity will be preserved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Signature:** | Click here to enter text. |

**For Assent:**

*(If applicable)* I am signing this Consent Form on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whom I represent in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If applicable)* I am signing this Consent Form as parent/legal guardian on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age (\_\_\_\_\_\_\_\_\_\_years), giving my assent to her/him to participate in this project.

**PARTICIPANT INFORMATION SHEET**

All researchers and HDR candidates are required to prepare a participant information sheet (in no more than three pages) providing information for each of the following categories and submit it for approval with the FNU Human Research Ethics Application Form.

|  |  |
| --- | --- |
| **Research Project Title:** | Click here to enter text. |
| **Research Investigator:** | Click here to enter text. |
| **Address and Contact Details of the Research Investigator:** | Click here to enter text. |
| **Names and Roles of Other Researchers Involved in the Project:** | Click here to enter text. |

**Project Description**

* Please provide the title and a brief description of the project, and why it is being done.
* Include the principal aim of the research project.

**Data Management & Dissémination of Results**

* Name the researcher/s responsible for data collection.
* Explain what data will be collected and what methods will be employed for collecting this data.
* Explain how the data gathered will be used, stored, and disposed.
* Explain how participants will gain an excess of the findings of the final research project.
* Explain if the results from the study will appear in publications including in a thesis report, a journal, or presentations at conferences.

**Participant Role**

* Provide details of the number of participants.
* Provide details on whether or not participants’ identities will be collected.
* Give details of any discomfort or risk involved.

**Project Procedures**

* Outline what the participants will be expected to do, the time involved, and other relevant details*.*

**Participant’s Rights**

* Taking part in the study is voluntary;
* You can decline to answer any particular question;
* You can withdraw from the study at any point in time;
* You can ask any questions about the study at any time during participation;
* Your name will not be used in any research outcomes; and
* You will be briefed on the findings of the study after it has been concluded.
* You can ask the researcher to switch off the recorder at any time during the interview.

**Payment or Monetary Benefits**

You will not receive any payments for your participation since the data will only be used for academic purposes.

**Project Contacts**

Include the names and contact details of the researcher/*s.*

**Researchers Detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Full Address** | Click here to enter text. | **Telephone:** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Signature:** | Click here to enter text. |

**Concerns about this Research**

If you have any worries concerning this research or about how it is being conducted, you can contact the;

**Reena Singh**

**Grant & Ethics Officer**

Research Office

Phone: +679 3394000

Email [reena.singh@fnu.ac.fj](mailto:reena.singh@fnu.ac.fj).