# Auckland University of Technology Ethics Committee (AUTEC)

# EA5

For AUTEC Secretariat Use only

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## Application to AUTEC for institutional approval of research approved by an external Ethics CommitteeorLocality Authorisation for applications to Health & Disability Ethics Committees

Please print this application single sided in greyscale and do not staple. Once this application has been completed and signed, please read the notes at the end of the form for information about submission of the application for review.

Please tick as many of the following as apply:

#### Is this form accompanying an ethics application approved by a Health and Disability Ethics Committee? [ ]  Yes [ ]  No

#### Is this a request for a locality authorisation for an application being heard or approved by a Health and Disability Ethics Committee? [ ]  Yes [ ]  No

#### Is this form accompanying an ethics application approved by another New Zealand Institutional Ethics Committee? [ ]  Yes [ ]  No

#### Is this form accompanying an ethics application approved by an overseas ethics committee? [ ]  Yes [ ]  No

## Notes about Completion

When seeking institutional approval:

* Ethics review is a community review of the ethical aspects of a research proposal. Responses should use clear everyday language with appropriate definitions being provided should the use of technical or academic jargon be necessary.
* The AUTEC Secretariat and your AUTEC Faculty Representative are able to provide you with assistance and guidance with the completion of this application which may help expedite the granting of ethics approval.
* The information in this application needs to be clearly stated and to contain sufficient details to enable AUTEC to make an informed decision about the ethical quality of the research. Responses that do not provide sufficient information may delay approval because further information will be sought. Overly long responses may also delay approval when unnecessary information hinders clarity. In general, each response should be around 100 words.
* AUTEC reserves the right not to consider applications that are incomplete or inadequate.
* Comprehensive information about ethics approval and what may be required is available online at <http://aut.ac.nz/researchethics>
* The information provided in this application will be used for the purposes of granting ethics approval. It may also be provided to the Graduate Research School, the Research and Innovation Office, or the University’s insurers for purposes relating to AUT’s interests.

When seeking locality authorisation:

* To receive University authorisation for the online application made in <http://www.ethics.health.govt.nz/> ensure you have obtained signatures from Head of School and Associate Dean Research, and forward this cover-sheet, along with a PDF of the completed HDEC application form to ethics@aut.ac.nz
* These signatures are required for the HDEC application to be authorised by the University. This authorisation is a standard condition of HDEC approval. In the authorisation tab of On-Line forms ensure that ethics@aut.ac.nz is entered as the authorising party.
* If this research involves accessing patients or patient records, researchers need to ensure that separate locality authorisations are obtained (through the “Authorisations” tab) before a study commences at a locality. See Section a.6 of the HDEC application form.

To respond to a question, please place your cursor in the space following the question and its notes and begin typing.

### General Project Information

#### What is the title of the research?

If you will be using a different title in documents to that being used as your working title, please provide both, clearly indicating which title will be used for what purpose.

Click or tap here to enter text.

#### Is this application for research that is being undertaken in stages? [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer A.2.1 and the following sections, otherwise please answer A.3 and continue from there.

##### Does this application cover all the stages of the research? [ ]  Yes [ ]  No

If the answer is ‘No’ please provide details here of which stages are being covered by this application, otherwise please answer A.3 and continue from there.

Click here to enter text.

#### Who is the applicant?

When the research is part of the requirements for a qualification at AUT, then the applicant is always the primary supervisor. Otherwise, the applicant is the researcher primarily responsible for the research, to whom all enquiries and correspondence relating to this application will be addressed.

Click here to enter text.

#### Further information about the applicant.

##### In which faculty, directorate, or research centre is the applicant located?

Click here to enter text.

##### What are the applicant’s qualifications?

Click here to enter text.

##### What is the applicant’s email address?

An email address at which the applicant can be contacted is essential.

Click here to enter text.

##### At which telephone numbers can the applicant be contacted during the day?

Click here to enter text.

#### Research Instruments

##### Which of the following does the research use:

[ ]  a written or electronic questionnaire or survey [ ]  focus groups [ ]  interviews

[ ]  observation [ ]  participant observation [ ]  ethnography [ ]  photographs

[ ]  videos [ ]  other visual recordings [ ]  a creative, artistic, or design process

[ ]  performance tests

[ ]  some other research instrument (please specify)

Click here to enter text.

Please attach to this application form all the relevant research protocols. These may include: Indicative questions (for interviews or focus groups); a copy of the finalised questionnaire or survey in the format that it will be presented to participants (for a written or electronic questionnaire or survey); a protocol indicating how the data will be recorded (e.g. audiotape, videotape, note-taking) for focus groups or interviews (Note: when focus groups are being recorded, you will need to make sure there is provision for explicit consent on the Consent Form and attach to this Application Form examples of indicative questions or the full focus group schedule. Please note that there are specific confidentiality issues associated with focus groups that need to be addressed); a copy of the observation protocol that will be used (for observations); full information about the use of visual recordings of any sort, including appropriate protocols and consent processes; protocols for any creative, artistic, or design process; a copy of the protocols for the instruments and the instruments that will be used to record results if you will use some other research instrument.

##### Who will be transcribing or recording the data?

If someone other than the applicant or primary researcher will be transcribing the interview or focus group records or taking the notes, you will need to provide a confidentiality agreement with this Application Form.

Click here to enter text.

##### What are the likely outputs of this research?

[ ]  a thesis [ ]  a dissertation [ ]  a research paper [ ]  a journal article

[ ]  a book [ ]  conference paper [ ]  a documentary [ ]  an exhibition

[ ]  a film [ ]  some other artwork [ ]  other academic publications or presentations

[ ]  Some other output, please specify

Click here to enter text.

#### Please cut and paste the brief, plain English summary of your study from a.1.5 of the HDEC application form or provide a brief plain English summary of your research (300 words maximum)

Click here to enter text.

### Further Project Information

#### Is the applicant the person doing most of the research (the primary researcher)? [ ]  Yes [ ]  No

If the answer is ‘No’ please answer B.1.1 and the following sections, otherwise please answer B.2 and continue from there.

##### What is the name of the primary researcher if it is someone other than the applicant?

Click here to enter text.

##### What are the primary researcher’s completed qualifications?

Click here to enter text.

##### What is the primary researcher’s email address?

An email address at which the primary researcher can be contacted is essential.

Click here to enter text.

##### At which telephone numbers can the primary researcher be contacted during the day?

Click here to enter text.

#### Is the primary researcher

[ ]  an AUT staff member [ ]  an AUT student

If the primary researcher is an AUT staff member, please answer B.2.1 and the following sections, otherwise please answer B.3 and continue from there.

##### In which faculty, directorate, or research centre is the primary researcher employed?

If the response to this section is the same as that already given to section A.4.1 above, please skip this section and go to section B.2.2.

Click here to enter text.

##### In which school or department is the primary researcher employed?

Click here to enter text.

#### When the primary researcher is a student:

##### What is their Student ID Number?

Click here to enter text.

##### In which faculty are they enrolled?

Click here to enter text.

##### In which school, department, or Research Centre are they enrolled?

Click here to enter text.

#### What is the primary researcher’s experience or expertise in this area of research?

Where the primary researcher is a student at AUT, please identify the applicant’s experience or expertise in this area of research as well.

Click here to enter text.

#### Who is in charge of data collection?

Click here to enter text.

#### Who will interact with the participants?

Click here to enter text.

#### Is this research being undertaken as part of a qualification? [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer B.7.1 and the following sections, otherwise please answer B.8 and continue from there.

##### What is the name of the qualification?

Click here to enter text.

##### In which institution will the qualification be undertaken?

Click here to enter text.

#### Details of Other Researchers or Investigators

##### Will any other people be involved as researchers, co- investigators, or supervisors? [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer B.8.1.1 and the following sections, otherwise please answer B.8.2 and continue from there.

###### What are the names of any other people involved as researchers, investigators, or supervisors?

Click here to enter text.

###### Where do they work?

Click here to enter text.

###### What will their roles be in the research?

Click here to enter text.

###### What are their completed qualifications?

Click here to enter text.

##### Will any research organisation or other organisation be involved in the research? [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer B.8.2.1 and the following sections, otherwise please answer B.9 and continue from there.

###### What are the names of the organisations?

Click here to enter text.

###### Where are they located?

Click here to enter text.

###### What will their roles be in the research?

Click here to enter text.

#### Additional Research Information

##### Is this research an intervention study? [ ]  Yes [ ]  No

For research in general, what is the difference between intervention, interaction, and observation? Intervention includes both physical procedures by which data are gathered and manipulations of the participant or participant’s environment that are performed for research purposes. Interaction includes communication or interpersonal contact between the investigator and participant that are performed for research purposes. Observation is neither an intervention nor an interaction. (cf https://www.gvsu.edu/hrrc/faq-definitions-35.htm).

Within health and disability research, ‘intervention study’ has the meaning given to it by the National Ethics Advisory Council’s [Ethical Guidelines for Intervention Studies](http://www.neac.health.govt.nz/moh.nsf/indexcm/neac-resources-ethical-guidelines-for-intervention-studies); namely, a study in which the investigator controls and studies the intervention(s) provided to participants for the purpose of adding to knowledge of the health effects of the intervention(s). The term ‘intervention study’ is often used interchangeably with the terms ‘experimental study’ and ‘clinical trial’ (s.24 Standard Operating Procedures for Health and Disability Ethics Committees).

Click here to enter text.

##### Is this Health and Disability Research? [ ]  Yes [ ]  No

Health and disability research is research that aims to generate knowledge for the purpose of improving health and independence outcomes (s.21 Standard Operating Procedures for Health and Disability Ethics Committees).

Click here to enter text.

##### Does this research involve people in their capacity as consumers of health or disability support services, or in their capacity as relatives or caregivers of consumers of health or disability support services, or as volunteers in clinical trials (including, for the avoidance of doubt, bioequivalence and bioavailability studies)? [ ]  Yes [ ]  No

Click here to enter text.

#### Please describe where the Data and the Consent Forms will be stored, who will have access to them and when and how they will be returned or destroyed.

Please provide the exact storage location. AUTEC normally requires that the data be stored securely on AUT premises in a location separate from the consent forms. Electronic data should be downloaded to an external storage device (e.g. an external hard drive, a memory stick etc.) and securely stored. If you are proposing an alternative arrangement, please explain why. AUTEC normally requires that the data be stored securely for a minimum of six years, or ten years for health data. If you are proposing an alternative arrangement, please explain why If the data will not be destroyed, please explain why, identify how it will be safely maintained, and provide appropriate informed consent protocols

Click here to enter text.

#### Are any of the following groups of vunerable participants involved in this research?

If your research involves any of these groups of participants, please clearly indicate which ones.

[ ]  **people unable to give informed consent?** [ ]  **your (or your supervisor’s) own students?**

[ ]  **preschool children?** [ ]  **children aged between five and sixteen years?**

[ ]  **legal minors aged between sixteen and twenty years?**

[ ]  **People lacking the mental capacity for consent?**

[ ]  **people in a dependent situation (e.g. people with a disability, or residents of a hospital, nursing home or prison or patients highly dependent on medical care)?**

[ ]  **people who are vulnerable for some other reason (e.g. the elderly, persons who have suffered abuse, persons who are not competent in English, new immigrants)? – please specify**

Click here to enter text.

### External Ethics Committee Approval

#### Which External Ethics Committee has approved this research?

Click here to enter text.

####  When was an application submitted to this External Ethics Committee?

Click here to enter text.

####  When did the External Ethics Committee grant approval for this research?

Click here to enter text.

####  What application number has the External Ethics Committee given this research?

Click here to enter text.

### Partnership, Participation and Protection

#### How does the design and practice of this research implement the principle of Partnership in the interaction between the researcher and other participants?

How will your research design and practice encourage a mutual respect and benefit and participant autonomy and ownership? How will you ensure that participants and researchers will act honourably and with good faith towards each other? Are the outcomes designed to benefit the participants and/or their social or cultural group? How will the information and knowledge provided by the participants be acknowledged?

Click here to enter text.

#### How does the design and practice of this research implement the principle of Participation in the interaction between the researcher and other participants?

What is the actual role of participants in your research project? Will participants be asked to inform or influence the nature of the research, its aims, or its methodology? Will participants be involved in conducting the research or is their principal involvement one of sharing information or data? Do participants have a formal role as stakeholders e.g. as the funders and/or beneficiaries of the research? What role will participants have in the research outputs (e.g. will they be asked to approve transcripts or drafts)?

Click here to enter text.

#### How does the design and practice of this research implement the principle of Protection in the interaction between the researcher and other participants?

How will you actively protect participants from deceit, harm and coercion through the design and practice of your research? How will the privacy of participants and researchers be protected? How will any power imbalances inherent in the relationships between the participants and researchers be managed? How will any cultural or other diversity be respected?

Click here to enter text.

### Funding and Reviews (HDEC locality authorisation only)

Please complete sections E.1 to E.4 only if you are requesting a locality authorisation for a study being heard or approved by a Health and Disability Ethics Committee.

#### Has evidence of peer review been provided? [ ]  Yes [ ]  No

#### Has this protocol been reviewed by SCOTT? [ ]  Yes [ ]  No [ ]  Not Required

If you answered ‘Yes’, please attach a copy of the approval.

#### Is this a clinical trial? [ ]  Yes [ ]  No

#### Has this protocol been referred to GTAC? [ ]  Yes [ ]  No [ ]  Not Required

If you answered ‘Yes’, please attach a copy of the approval.

All applicants are asked to complete the following four sections

#### Have any applications for financial support for this project been (or will be) made to a source external to AUT [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer E.5.1 and the following sections, otherwise please answer E.6 and continue from there.

##### What financial support for this project is being provided (or will be provided) by a source external to AUT?

Click here to enter text.

##### Who is the external funder?

Click here to enter text.

##### What is the amount of financial support involved?

Click here to enter text.

##### How is/are the funder/s involved in the design and management of the research?

Click here to enter text.

#### Have any applications been (or will be) submitted to an AUT Faculty Research Grants Committee or other AUT funding entity? [ ]  Yes [ ]  No

If the answer is ‘Yes’ please answer E.6.1 and the following sections, otherwise please answer E.7 and continue from there.

Click here to enter text.

##### What financial support for this project is being provided (or will be provided) by an AUT Faculty Research Grants Committee or other AUT funding entity?

Click here to enter text.

##### What is the amount of financial support involved?

Click here to enter text.

##### How is/are the funder/s involved in the design and management of the research?

Click here to enter text.

#### Is funding already available, or is it awaiting decision?

Click here to enter text.

#### Do the applicant or the researchers, investigators or research organisations mentioned in Part B of this application have any financial interests in the outcome of this project? [ ]  Yes [ ]  No

If the response is ‘Yes’, please provide full details about the financial interests and how any conflicts of interest are being managed, otherwise, please respond to section E.9 and continue from there.

Click here to enter text.

#### Are the participants expected to pay in any way for any services associated with this research? [ ]  Yes [ ]  No

If the response is ‘Yes’, please provide full details about the charges and describe how any benefits will balance the burdens involved as well as how any conflicts of interest are being managed. Otherwise please respond to section F and continue from there.

Click here to enter text.

### References

Please include any references relating to your responses in this application in the standard format used in your discipline.

Click here to enter text.

### Checklist

Please ensure all applicable sections of this form have been completed and all appropriate documentation is attached as incomplete applications will not be considered by AUTEC.

|  |  |
| --- | --- |
| Have you discussed this application with your AUTEC Faculty Representative, the Executive Secretary, or the Ethics Coordinator? | [ ]  Yes [ ]  No |
| Is this application related to an earlier ethics application? If yes, please provide the application number of the earlier application. | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Section A |  | General Project information provided |  |[ ]
| Section B |  | Further Project Information provided |  |  |
| Section C |  | External Ethics Committee approval information provided |  |[ ]
| Section D |  | Three Principles information provided |  |[ ]
| Section E |  | Funding and Review information provided |  |[ ]
| Section F |  | References provided where appropriate |  |[ ]
| Section G |  | Checklists completed |  |[ ]
| Sections H.1 and H.2 |  | Applicant and student declarations signed and dated |  |[ ]
| Section H.3 |  | Authorising signature provided |  |[ ]
| Section H.4 |  | ADR Authorising signature provided (locality authorisation only) |  |[ ]
| Spelling and Grammar Check (please note that a high standard of spelling and grammar is required in documents that are issued with AUTEC approval) |
| Attached Documents (where applicable) |
| Approval from an External Ethics Committee |  |[ ]
| Application to an External Ethics Committee |  |[ ]
| Participant Information Sheet(s) |  |[ ]
| Consent Form(s) |  |[ ]
| Questionnaire(s) |  |[ ]
| Indicative Questions for Interviews or Focus Groups |  |[ ]
| Observation Protocols |  |[ ]
| Recording Protocols for Tests |  |[ ]
| Advertisement(s) |  |[ ]
| Researcher Safety Protocol |  |[ ]
| Hazardous Substance Management Plan |  |[ ]
| Any Confidentiality Agreement(s) |  |[ ]
| Any translations that are needed |  |[ ]
| Other Documentation |  |[ ]

### Declarations

#### Declaration by Applicant

* The information in this application is complete and accurate to the best of my knowledge and belief. I take full responsibility for it.
* In conducting this study, I agree to abide by all applicable laws and regulations, and established ethical standards contained in AUTEC’s Applying for Ethics Approval: Guidelines and Procedures, the [Auckland University of Technology Code of Conduct for Research](https://www.aut.ac.nz/__data/assets/pdf_file/0006/274371/AUT-CODE-OF-CONDUCT-FOR-RESEARCH-2019.pdf),. and internationally recognised codes of ethics.
* I accept responsibility for ensuring that management approval for access for this research from any institution or organisation at which it will be conducted will be obtained. When the research is undertaken outside New Zealand, I agree to ensure that all ethical, legal, and locality obligations or requirements for those jurisdictions are met.
* I will continue to comply with AUTEC’s Applying for Ethics Approval: Guidelines and Procedures, including its requirements for the submission of annual progress reports, amendments to the research protocols before they are used, and completion reports.
* I understand that brief details of this application may be made publicly available and may also be provided to the Graduate Research School, the Research and Innovation Office, or the University’s insurers for purposes relating to AUT’s interests.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

#### Declaration by Student Researcher

* The information in this application is complete and accurate to the best of my knowledge and belief.
* In conducting this study, I agree to abide by all applicable laws and regulations, and established ethical standards contained in AUTEC’s Applying for Ethics Approval: Guidelines and Procedures, the [Auckland University of Technology Code of Conduct for Research](https://www.aut.ac.nz/__data/assets/pdf_file/0006/274371/AUT-CODE-OF-CONDUCT-FOR-RESEARCH-2019.pdf),. and internationally recognised codes of ethics.
* I will continue to comply with AUTEC’s Applying for Ethics Approval: Guidelines and Procedures, including its requirements for the submission of annual progress reports, amendments to the research protocols before they are used, and completion reports.
* I understand that brief details of this application may be made publicly available and may also be provided to the Graduate Research School, the Research and Innovation Office, or the University’s insurers for purposes relating to AUT’s interests.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

#### Authorisation by Head of Faculty/School/Programme/Centre

* The information in this application is complete and accurate to the best of my knowledge and belief.
* In authorising this study, I declare that the applicant is adequately qualified to undertake or supervise this research and that to the best of my knowledge and belief adequate resources are available for this research and all appropriate local research governance issues have been addressed.
* I declare that the applicant will ensure that management approval for access for this research from any institution or organisation at which it will be conducted will be obtained. When the research is undertaken outside New Zealand, I declare that the applicant will ensure that all ethical, legal, and locality obligations or requirements for those jurisdictions are met.
* I understand that brief details of this application may be made publicly available and may also be provided to the Graduate Research School, the Research and Innovation Office, or the University’s insurers for purposes relating to AUT’s interests.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

#### Authorisation by the Associate Dean (Research) (HDEC locality authorisation only)

For use only when applying for a locality authorisation.

* In authorising this study, I declare that the applicant is adequately qualified to undertake or supervise this research and that to the best of my knowledge and belief adequate resources are available for this research and all appropriate local research governance issues have been addressed.
* I recommend that this study is authorised to be undertaken through AUT University.
* I recommend that this application be considered by a Health and Disability Ethics Committee.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Notes for submitting the completed application for review by AUTEC**

* Please ensure that you are using the current version of this form before submitting your application.
* Please ensure that all questions on the form have been answered and that no part of the form has been deleted.
* Please provide either:
	+ one printed, single sided, A4, and signed copy of the application and all related documents. This may be delivered or posted to the AUTEC Secretariat, room WU406, fourth floor, WU Building, City Campus. The internal mail code is D-88. The courier address is 46 Wakefield Street, Auckland 1010. Alternatively, the application may be provided to the Research Ethics Advisor in person at one of the Drop In sessions at any of the four campuses (<http://www.aut.ac.nz/researchethics/resources/workshops-and-drop-inns>). OR
	+ A single .pdf file containing the application and all related documents emailed to ethics@aut.ac.nz. The application and documents must be scanned into a single .pdf file with the EA form at the beginning and the other documents in the order stated in the form. The application must have all the required signatures.
* Applications should be submitted once they have been finalised. For a particular meeting it needs to have been received in the AUTEC Secretariat by 4 pm on the relevant agenda closing day [AUTEC’s meeting dates are listed in the website at <http://www.aut.ac.nz/researchethics>]. As many applications are reviewed under delegated authority, applicants are encouraged to submit their applications once they are ready rather than waiting for the closing date.
* If sending applications by internal mail, please post them at least two days earlier to allow for any delay that may occur.
* Late applications will be placed on the agenda for the following meeting.

**Office Use Only (Locality Authorisation - AUTEC Secretariat)**

|  |  |  |
| --- | --- | --- |
| Date Received |  | Date Authorised |