

9. Data Collection Method(s)

(e.g. observation, physical activity, interviews, survey)

Please confirm the following:

10. Privacy & Confidentiality

- i. Data will be stored in a secure location (state where)
- ii. Data will be stored for: _____ years
- iii. Access to data will be restricted to researcher
- iv. Data will only be used for purposes as described in the Information sheet
- v. Data will only be published in the format as stated in the Information sheet

11. Information Sheet

- i. Participants will be given an information sheet written in plain, clear language
 - ii. Information sheet will contain all items listed on the attached guidelines
- Attach written justification if an Information sheet is not being used*

12. Consent form

- i. Consent form not required
- ii. Participants sign a consent form
- iii. Participants consent verbally
- iv. Consent assumed if participants return a questionnaire

13. Attachments

- Research Methods & Ethical Issues
- Information Sheet
- Consent form
- Instrument (eg survey)
- Signed checklists (see Guidelines)

Signature: _____

Date: _____

Applicants have you:

- 1. Completed and attached the Application Guidelines

END OF SECTION 1

SECTION 2: TO BE COMPLETED BY ALIA RESEARCH ETHICS COORDINATOR/REVIEWER

(1) Project meets ethical requirements and is granted approval

From: _____ To: _____

OR

(2) Project requires amendment, to be resubmitted to reviewer for approval)

(attach list of amendments)

Summary of amendments required:

OR

(3) Applicant instructed to seek approval for high risk project

Name of reviewer (please print) _____

Signature: _____

Date: _____

Checklist:

1. Completed the attached Checklist for Reviewers
2. Applicant advised

END OF SECTION 2

FORM C REVIEWER CHECKLIST

1. Information Sheet in plain language appropriate to age/culture or participant
2. Consent Form/s
3. Consent Form/s and Information Sheet/s allow INFORMED CONSENT
4. Description of Methods
5. Is it necessary to use humans to get the results desired?
6. Is it low risk? No Yes
If No – notify researcher that they must apply for high risk ethics approval
7. If yes, is the risk justified? No Yes
8. Plain Language Statement
9. Contact details for researchers
10. Any special information needed? No Yes
If YES, is this identified and provided?
11. All parts of the form completed.

Name of reviewer (please print) _____

Signature: _____

Date: _____