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| **SWINBURNE UNIVERSITY** **HUMAN RESEARCH ETHICS****EXPEDITED REVIEW****APPLICATION COVER SHEET** |  |

Swinburne researchers require Swinburne ethics clearance even if ethics approval has already been obtained from another institution. New applications for projects that have been approved by another Australian HREC may be considered for expedited approval in accordance with the ‘**National Statement on Ethical Conduct in Human Research 2007**’ – *Chapter 5.3 – Minimising Duplication of Ethical Review*

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| Section A – Project overview |

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| 1. **Project title:**
 | Click here to enter text.*Title needs to be exactly same as the approved project title* |

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| 1. **Swinburne leading researcher (or supervisor in case of student project)**
 |
| **Name:** | Click here to enter text.*Title, given name, and family name* |
| **Faculty/School/Centre:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Additional researchers / co-investigators, including students and non-Swinburne investigators** |
| **Researcher** | **Title, given name, and family name** | **School, centre, institution** | **Email** |
| **2** | Click here to enter text. | Click here to enter text. |  |
| **3** | Click here to enter text. | Click here to enter text. |  |
| **4** | Click here to enter text. | Click here to enter text. |  |
| **5** | Click here to enter text. | Click here to enter text. |  |

**Details of existing HREC\* approval:**

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| **Name of HREC:** | Click here to enter text. |
| **HREC reference number:** | Click here to enter text. |
| **Ethics approval period granted by reviewing HREC:** | **Start date:** | Click here to enter text. | **End date:** | Click here to enter text. |

\*The HREC must be an NHMRC-registered ethics committee (https://www.nhmrc.gov.au/health-ethics/human-research-ethics-committees-hrecs)

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| Section B – Swinburne involvement |

1. **What is Swinburne University’s involvement in the project?**

Describe Swinburne’s involvement in the project. Please include:

1. the role of any Swinburne researchers (including students):
2. which elements of the human research protocol will occur at Swinburne.

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| Click here to enter text. |

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| **Period for which ethics approval is being sought at Swinburne** | **Start date:** | Click here to enter text. | **\*End date:** | Click here to enter text. |

 [\*Note: end date at Swinburne cannot exceed end date prescribed by reviewing HREC]

1. **Is an explanation of Swinburne’s role in the project included in the Consent Information Statement?**

Yes [ ]  No [ ]  [If No, please explain why not in the box below]

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| Click here to enter text. |

1. **Does this study include (please check all that apply):**
2. Release of confidential information [ ]

If yes, what is the source of information?

Commonwealth organisation [ ]

Victorian health care provider [ ]

Private organisation [ ]

Other [ ]

If other, please specify

1. Administration of ionising radiation to volunteers **[ ]**
2. Hazardous materials **[ ]**
3. Research in schools **[ ]**
4. Waiver of consent **[ ]**

**If you checked any of these boxes, please give details. Have the necessary approvals have been obtained?**

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| Click here to enter text. |

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| Section C – Declarations and signatures |

**DECLARATION**

 I/We, the undersigned declare that the information supplied in this application (including the attached original application) is true and accurate to the best of my/our knowledge.

I/We the undersigned have read the *National Statement on Ethical Conduct in Human Research* and accept responsibility for the conduct of the project detailed in this application in accordance with the principles contained in the *National Statement* and any other conditions laid down by Swinburne University and its Human Research Ethics Committee.

 I/we, the undersigned undertake to inform Swinburne Research of any complaints received in relation to this project immediately.

 Please forward details of the complaint(s) to:

 The Research Ethics Coordinator, Swinburne Research, Swinburne University of Technology, John Street, Hawthorn Victoria 3122, Telephone: 9214 3845, resethics@swin.edu.au

**SIGNATURES**

**Swinburne Chief Investigator**

Name:

Signature       Date:

**Swinburne Associate Investigator/s (including students) – repeat as required**

Name:

Signature       Date:

Name:

Signature       Date:

Name:

Signature       Date:

**ACKNOWLEDGMENT OF HEAD OF ADMINISTRATIVE UNIT**

I, the undersigned, declare that:

* I am familiar with this project and endorse its undertaking;
* The resources to undertake this project are available; and that
* The researchers have the skill and expertise to undertake this project appropriately or will undergo appropriate training as specified in this application.

 Name:

 Signature:

 School/Faculty:       Date:

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| Section D - Attachments |

**All applications please attach:**

**[ ]** A copy of the HREC application approved by the original HREC

[ ]  All changes to the protocol approved by the original HREC.

**[ ]** A copy of the notification of HREC approval from the original institution, including approval of any amendments

**[ ]** Any other documentation that has been approved by the original HREC (e.g. participant information statements, consent forms, recruitment flyers, data collection tools, advertising materials, approvals from third parties, etc.). As far as possible, these should include the Swinburne University of Technology logo and Swinburne researchers’ contact details.

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| Please submit all documents via email to resethics@swin.edu.au For further information, please call (03) 9214 3845 or (03) 9214 8145 |