Calvary | Health Care Bethlehem

Attachment 1

CALVARY HEALTH CARE BETHLEHEM
RESEARCH ETHICS & ETHICS COMMITTEE
CHCB Supplementary Form

Supplement to the HREA and VSM (Victorian Specific Module)

Prior to completing the form, please read the CHCB Guidelines for Researchers (available on the CHCB website). Please disregard any sections not relevant to your project

1. ADMINISTRATIVE INFORMATION

1.1 Project title

_____

1.2 Principal Investigator

Name and address:

_____

Qualifications:

_____

CHCB accredited Medical Practitioner, staff or student? _____

If staff or student, who is your supervisor?

_____

Telephone: _____ **Email:** _____

Fax: _____

If this is the first application you have made to the CHCB Research Ethics & Ethics Committee, please attach a copy of your CV.

1.3 Other Investigator/s

Name	Qualifications

Please provide CVs of any co-investigator who has not made a previous application to the CHCB Research Ethics & Ethics Committee.

1.5 Proposed Commencement Date

_____

1.6 Expected completion date

_____

1.7	**Other Information**	**Yes**	**No**
1.7.1	**Is there anything in this project that may conflict with CHCB's Mission Statement? If yes, provide details.**	☐	☐
1.7.2	**Is there anything in this project which is contrary to the NH&MRC *National Statement on Ethical conduct in Human Research?***	☐	☐
1.7.3	**Is there anything in this project which may contravene the National Privacy Principles or Information Privacy Principles of the Commonwealth Privacy Act or the Health Privacy Principles of the Victorian Health Records Act?**	☐	☐
1.7.4	**Is there anything in the project that may contravene Catholic HealthAustralia's Code of Ethical Standards for Research?**	☐	☐
	Does your wording regarding prevention of conception comply with our guidelines – refer CHCB 'Application Guidelines for researchers'	☐	☐

If the answer to any of the above questions is yes, the application will be considered only when the researcher clarified why this is necessary.

1.7.5	**If this is a clinical trial, have you registered?**	☐	☐

All clinical trials must be registered on a clinical trials register e.g. the Australian Clinical Trials Registry. The website is www.actr.org.au

Registration Number:

A	***C***	***T***	***R***	***N***											

Date requested:

2. RESOURCE INFORMATION

2.1 How is the project being financed?

_____
_____
_____
_____

2.2 How would you manage a funding shortfall (if any)?

_____
_____
_____

		Yes	No
2.3	**Is this a study where capitation payments are to be made?**	☐	☐
	If *yes,* will participants be made aware of these payments to Clinicians or Researchers/Investigators?	☐	☐
2.4	**Does any member of the research team have any affiliation with the Provider(s) of funding/support, or a financial interest in the outcome of the research? If yes, provide details.**	☐	☐

_____
_____
_____

2.5 Describe any commercialization or intellectual property implications of the funding/support arrangement

_____
_____
_____

2.7 CHCB IMPACT

		Yes	No
2.7.1	**Is CHCB expected to provide any funding for this project?**	☐	☐
2.7.2	**Is CHCB expected to provide any staff time for this project?**	☐	☐
2.7.3	**Is CHCB expected to provide any facilities for this project i.e. equipment, storage?**	☐	☐

2.7.4 **Have you covered costs for storage of project information within the budget?** ☐ ☐

If *yes* to the above, please provide details

_____
_____
_____
_____

3. GUARDIANSHIP

(Disregard this section if the project does not involve guardianship)

		Yes	No
3.1	**Will any of the participants not have the capacity to give voluntary and Informed consent?**	☐	☐

4. HEALTH RECORDS ACT 2001 (VIC)

Guidelines are available at www.health.vic.gov.au/hsc

4.1 **Does your recruitment strategy propose to collect, use or disclose Health information in the circumstances set out in Health Privacy Principles?** ☐ ☐

5.. DECLARATION

I/We the undersigned, have read the CHCB Mission Statement, the current NH&MRC National Statement on Ethical Conduct in Human Research, the Catholic Health Australia Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, and the CHCB Guidelines for Researchers and accept responsibility for the conduct of the research detailed above, in accordance with the principles contained therein and any other conditions laid down.

Where appropriate, the Associate Investigator will assume responsibility for the project in the absence of the Principal Investigator.

I/We will provide progress reports by May 30 each year as requested by the CHCB Research Ethics & Ethics Committee and a final report upon completion of the project.

I/We agree to the project documentation being audited by the CHCB Research Ethics & Ethics Committee from time to time.

I/We agree to notify the Committee immediately in writing of any changes to the protocol, plain language statement or project personnel after it has been approved.

	NAME	SIGNATURE	DATE
Principal Investigator			
Associate Investigator 1			

(or student)			
Associate Investigator 2 (or student)			
Associate Investigator 3 (or student)			