



Application to the Faculty HEAG for Low Risk Research

Please note that Multi-Centre projects and research involving the following is **ineligible for a Faculty Human Ethics Advisory Group (HEAG) review**:

1. Children and young people;
2. Pregnant women and foetus;
3. People highly dependent on medical care who may be unable to give consent;
4. People with a cognitive impairment, an intellectual disability, or mental illness;
5. People who may be involved in illegal activities;
6. Aboriginal and Torres Strait Islanders;
7. Collection of personal information in medical research, or personal health information, where consent may need to be waived;
8. Interventions and therapies, including clinical and non-clinical trials and innovations;
9. Human genetics;
10. Human stem cells.

Complete the checklist below to ascertain whether your research project is low-risk, and therefore eligible for a Faculty HEAG review. If you answer "YES" to any items in the checklist your project would normally **not be eligible** for a Faculty HEAG review (unless you can make a special case – refer section 5).

Please note: Timing constraints are not an acceptable reason for seeking approval from a Faculty HEAG.

PROJECT TITLE	
PRINCIPAL RESEARCHER / SUPERVISOR	
STUDENT RESEARCHER	
FACULTY	
SCHOOL	

1. EXTERNAL REQUIREMENTS

Is the research being funded by an agency outside the University which requires Human Research Ethics Committee approval involving community representation? <i>[If you have answered "YES" to this question you are not eligible to apply for Faculty HEAG review]</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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2. RISK ASSESSMENT

A. Are any of the following topics to be covered in part or in whole?

• Parenting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Sensitive personal issues	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Sensitive cultural issues	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Grief, death or serious/traumatic loss	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Eating disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Illicit drug taking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Substance abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Self report of criminal behaviour	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Any psychological disorder, depression, mood states and/or anxiety	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Suicide	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Gender identity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Sexuality and sexual behaviour	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Race or ethnic identity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Any disease or health problem	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Fertility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Termination of pregnancy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Other (please specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

B. Are any of the following procedures to be employed?

• Use of personal data obtained from Commonwealth or State Gov't Department/Agency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Deception of participants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Concealing the purposes of the research	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Covert observation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Audio or visual recording without consent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Recruitment via a third party or agency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Withholding from one group specific treatments or methods of learning, from which they may "benefit" (e.g. in medicine or teaching)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Psychological interventions or treatments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Administration of physical stimulation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Invasive physical procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Infliction of pain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Administration of drugs or placebos	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Administration of ionising radiation (if yes, also complete DU-HREC Ionising Radiation Supplement)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Administration of other substances	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Collection of tissue / blood / body fluid	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Use of medical records where participants can be identified or linked	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Use of hazardous substance (e.g. carcinogens, teratogens, explosive materials)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Use of microorganisms (e.g. bacteria, fungi)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Other (please specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C. Other Risks:

Are there any risks to the researcher, (e.g. research undertaken in unsafe environments or trouble spots)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3. PARTICIPANT VULNERABILITY ASSESSMENT

Does the research specifically target participants from any of the following groups?

• People with a physical disability or vulnerability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People highly dependent on medical care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People whose ability to give consent is impaired	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Residents of a custodial institution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People unable to give free informed consent because of difficulties in understanding the Plain Language Statement or Information Sheet (e.g. language difficulties)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Members of a socially identifiable group with special cultural or religious needs or political vulnerabilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People in dependent or unequal relationship with the researchers (e.g. lecturer/student, doctor/patient, teacher/pupil, professional/client)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People with existing relationships with the researcher (e.g. relative, friend, co-worker)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People in a workplace setting with the potential for coercion or problems of confidentiality (e.g. employer/employee)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• People able to be identified in any final report when specific consent for this has not been given	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Persons not usually considered vulnerable but would be thought so in the context of the project	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Other (please specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. RESEARCH IN OVERSEAS SETTINGS ASSESSMENT

Does the research involve any of the following:

• Research being undertaken in a politically unstable area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Research involving sensitive cultural issues	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Research in countries where criticism of government and institutions might put participants and/or researchers at risk	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Other (please specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. SPECIAL CASE ASSESSMENT

If you have answered "YES" to an item in the checklist but you still believe that because of the particular nature of the project and the participants your project may still be eligible for a Faculty HEAG review. Please provide details below, or attach an additional sheet.

SPECIAL CASE DETAILS:

6. SIGNATURES

PRINCIPAL RESEARCHER / SUPERVISOR SIGNATURE:

STUDENT SIGNATURE:

APPROVAL BY FACULTY HEAG CHAIR:

The Faculty HEAG Chair has considered this application and **agrees / does not agree** that the project is low risk.

COMMENTS:

SIGNATURE:

PLEASE NOTE THAT THIS APPLICATION NEEDS TO BE SUBMITTED TO YOUR FACULTY WITH THE FOLLOWING:

1. The National Ethics Application Form (NEAF)
2. DU-HREC Victorian Privacy Supplement
3. DU-HREC Capacity to Consent Supplement
4. Plain Language Statement and Consent Form (must use templates provided by DU-HREC)
5. Other documents related to your project including advertisements, flyers, questionnaires, interview schedules, etc.