Quality Assurance and/or Evaluation Activity Request

1. Activity Title

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1. Investigator details

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| **Role** | **Staff/student ID** | **Full Name**  *(inc. title)* | **Contact details**  *(inc. email and mobile phone)* |
| Principal Investigator |  |  |  |
| Choose a role. |  |  |  |
| Choose a role. |  |  |  |
| Choose a role. |  |  |  |
| Choose a role. |  |  |  |
| Choose a role. |  |  |  |

1. Anticipated duration of the activity

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| --- | --- | --- | --- |
| **Start date** |  | **End date** |  |

1. Human Research Ethics requirement checklist

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| Activities involved | Yes | No |
| Is there potential for the activity to infringe the privacy or professional reputation of participants, providers or organisations? |  |  |
| Do you intend to use the data or analysis from QA or evaluation activities for another purpose? *i.e. publish the findings; make the data available for secondary use/research purposes etc* |  |  |
| Will you be gathering information about participants that is beyond what is routinely collected? *e.g., biospecimens or additional investigations* |  |  |
| Any testing of non-standard (innovative) protocols or equipment? |  |  |
| Will the activity involve any comparison of cohorts? |  |  |
| Will the activity involve randomisation or the use of control groups or placebos? |  |  |
| Will you be conducting targeted analysis of data involving minority/vulnerable groups whose data is to be separated out of that data collected or analysed as part of the activity? *e.g., A focus on Aboriginal and Torres Strait Islander peoples* |  |  |

If you answered “yes” to any of the above questions Human Research Ethics approval is required before you may commence. Please complete and submit a [Human Research Ethics application](https://researchadmin.usq.edu.au/do/cayuse-product-home?product=ETHICS_MONITOR).

1. Using plain language, provide a succinct description of the background of the proposed activity:

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1. What are the aims of the proposed activity?

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1. Outline the benefits as a result of this activity?

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1. What are the potential risks that participants may experience?

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1. How will the collected data be confidentially and securely stored? Who will have access?

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1. How will outcomes from the activity be reported?

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1. Who are the participants & where will these participants be recruited from?

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1. Outline the method of data use or collection:

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1. Outline how consent will be obtained from participants.

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1. Principal Investigator Declaration

I, the undersigned, declare that I:

* accept ultimate responsibility for the conduct of this activity in accordance with the principles outlined in the [University’s Guidelines: Evaluation activities involving UniSQ staff and students](https://www.unisq.edu.au/research/support/human-ethics/applications-and-reports), and the [Ethical Considerations in Quality Assurance and Evaluation Activities (2014)](https://www.nhmrc.gov.au/about-us/resources/ethical-considerations-quality-assurance-and-evaluation-activities); and
* have ensured that all people involved in the conduct of this activity understand and accept their roles and responsibilities.

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| --- | --- | --- |
| **Name** *(please print)* | **Signature** | **Date** |
|  |  |  |

Attach the following documents:

* Copies of the recruitment materials
* Invitation letters/ emails
* Information Sheets and consent forms

Submit your completed form to your Manager/Head of Department/Centre Director. Approval must be received prior to commencement of the activity.

1. Manager/Head of Department/Centre Director Endorsement

I, the undersigned, declare that I:

* endorse this activity to be undertaken;
* the investigative team has the required skills and expertise to undertake the activity appropriately.

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| **Name** *(please print)* | **Signature** | **Date** |
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