

# Request for approval to use secondary data

Human Research Ethics Committee

## About this form

- ✓ Researchers must use this form when seeking approval to use existing sets of data about human participants.
- ✓ Student researchers must consult with their supervisor when completing this form and preparing their application.
- ✗ **Do not use this form to request a waiver of consent.** You will need to complete a [Human Research Ethics Application \(HREA\) form](#). Ensure you answer all questions relating to consent in the HREA.

Please refer to chapter 2.3 of the [National Statement on Ethical Conduct in Human Research](#) before completing this form.

## Completing the form

**DO NOT COMPLETE THIS FORM IN A WEB BROWSER.** You will not be able to save your data or sign the form in a browser. First SAVE this form, then OPEN the file in Adobe Acrobat Reader or Adobe Acrobat Pro.

- This form can be completed electronically.
- All fields with a red asterisk ( \* ) are required.
- Click inside a checkbox to record a 'Yes' response.
- Click inside a text field to start typing a response.
- Digital forms and electronic signatures are preferred.
- Ensure that **all research team members have signed this form** before submitting the application.
- If you have any questions, please contact [ethics@csu.edu.au](mailto:ethics@csu.edu.au)

## Submitting the application

1. Before submitting your application, please check that you have attached copies of all required supplementary documentation. These should include:
  - a. Evidence that the original data was collected ethically and in accordance with the National Statement, this may be (but not limited to) in the form of a previous HREC approval.
  - b. Evidence that the original participants provided consent to the secondary use of their data. This may be (but not limited to) in the form of copies of the original participant information sheet or consent form used.
  - c. Confirmation of permission to use the data by the data owner.
  - d. A brief project proposal outlining the research to be undertaken (not more than 5 pages). See the [CSU project proposal template on the HREC website](#) for guidance.
  - e. Evidence of academic merit (such as a Peer Review form).
2. Submit the complete application to [ethics@csu.edu.au](mailto:ethics@csu.edu.au)

## Notification of outcome

The nominated primary contact will receive notification of outcome by email once the request has been considered.

**Do not commence research until written approval has been received from the HREC.**

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\* All fields with a red asterisk are required.

# 1. Research project

<b>Project title *</b>		
<b>Proposed start date</b> (dd/mm/yyyy) *		
<b>Proposed end date</b> (dd/mm/yyyy) *		
<b>School / Faculty / Organisation / Unit</b> <i>that the research is being conducted through *</i>		
<b>What type of project is this? *</b> <i>(Tick as many as apply)</i>	<input type="checkbox"/> Funded Consultancy <input type="checkbox"/> Practical Class <input type="checkbox"/> PhD <input type="checkbox"/> Honours <input type="checkbox"/> Postgraduate Diploma <input type="checkbox"/> Student Research Project	<input type="checkbox"/> Masters by Research <input type="checkbox"/> Masters by Coursework <input type="checkbox"/> Staff Research Project <input type="checkbox"/> Doctorate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other <i>(please specify)</i>

# 2. Primary contact

<b>Full name</b> (incl. title) * <i>Usually the chief investigator</i>	
<b>Role in project team *</b>	
<b>Staff/Student ID *</b>	
<b>Email *</b>	
<b>Work phone *</b>	
<b>Mobile phone *</b>	
<b>School / Faculty / Organisation / Unit *</b>	
<b>Campus / Location *</b>	

Please list academic qualifications *	
Describe what this researcher will do in the context of this project *	
Include a brief summary of relevant experience for this project *	

### 3. Research project team

Enter the details of all people that form the research team. The people listed will be required to sign this form. **There is an expectation that team members are aware of all aspects of the project, including confidential material.**

*Note: The primary contact is team member #1.*

If there are more team members to list, please attach an additional page to your application.

#### Team member #2

Full name <i>(incl. title)</i>	
Role in project team	
Staff/Student ID	
Email	
Contact phone	
School / Faculty / Organisation / Unit	
Please list academic qualifications	
Describe what this researcher will do in the context of this project	
Include a brief summary of relevant experience for this project	

### Team member #3

<b>Full name (incl. title)</b>	
<b>Role in project team</b>	
<b>Staff/Student ID</b>	
<b>Email</b>	
<b>Contact phone</b>	
<b>School / Faculty / Organisation / Unit</b>	
<b>Please list academic qualifications</b>	
<b>Describe what this researcher will do in the context of this project</b>	
<b>Include a brief summary of relevant experience for this project</b>	

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### Team member #4

<b>Full name (incl. title)</b>	
<b>Role in project team</b>	
<b>Staff/Student ID</b>	
<b>Email</b>	
<b>Contact phone</b>	
<b>School / Faculty / Organisation / Unit</b>	
<b>Please list academic qualifications</b>	
<b>Describe what this researcher will do in the context of this project</b>	
<b>Include a brief summary of relevant experience for this project</b>	

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## 4. Research proposal

### Background of the project \*

### Project aim/s and rationale \*

### Detail the source of data or records \*

*Attach a letter of approval from the providers of the data or database (if applicable), or detail the steps required to receive this approval.*

### Select the format/s of data/records that will be obtained in this project: \* (select all that apply)

- Non-identifiable data**, which have never been labelled with individual identifiers or from which identifiers have been permanently removed, and by means of which no specific individual can be identified.
- Re-identifiable data**, from which identifiers have been removed and replaced by a code, but it remains possible to re-identify a specific individual by, for example, using the code or linking different data sets.
- Individually identifiable data**, where the identity of a specific individual can reasonably be ascertained. Examples of identifiers include the individual's name, image, date of birth or address.

**Please explain how consent was originally obtained from participants \***

*Attach copies of relevant documents as evidence, such as participant information sheets, if available*

**Nature of consent originally obtained from participants** (if applicable) e.g. specific, extended

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## 5. Signatures and approvals

### Primary contact

#### Declaration

By signing below:

- a. I certify that all details given in this proposal are correct.
- b. I have read the University's current human ethics guidelines and the National Health & Medical Research Council's National Statement on Ethical Conduct in Human Research
- c. I accept responsibility for the conduct of the research detailed in this application in accordance with the principles contained in the Statement.

**Full name** (Primary contact) \*

**Date** (dd/mm/yyyy) \*

**Signature** (Primary contact) \*

#### Instructions to the primary contact

After signing above with your digital signature, save and email a copy of this form to the next team member to review and sign (with all relevant attachments).

Once all signatories have reviewed and signed the form and returned it to you, submit the whole application via email to [ethics@csu.edu.au](mailto:ethics@csu.edu.au). Ensure all relevant supporting documents are attached.

We will notify you of the outcome via email within 10 working days of the decision.

For all HREC meeting dates and agenda closing dates, please see the [HREC meeting dates](#).

To check on the status of your application, please email [ethics@csu.edu.au](mailto:ethics@csu.edu.au) or call (02) 6933 4213.

## Research team members (if applicable)

### Declaration

By signing below:

- I certify that all details given in this proposal are correct.
- I have read the University's current human ethics guidelines and the National Health & Medical Research Council's National Statement on Ethical Conduct in Human Research
- I accept responsibility for the conduct of the research detailed in this application in accordance with the principles contained in the Statement.

### Instructions to the research team members

Review the entire application and read the declaration below. If you have any concerns or amendments, get in touch with the primary contact.

If you approve, sign below with your digital signature. Then email a copy of this form and all relevant attachments to the next team member to sign.

Once all signatories have reviewed and signed the form, **send it back to the primary contact**, who will submit it via email to [ethics@csu.edu.au](mailto:ethics@csu.edu.au). Ensure all relevant supporting documents are attached.

Complete applications will be added to the agenda of the next Human Research Ethics Committee (HREC) meeting. We will notify the primary contact of the outcome via email within 10 working days of the meeting.

For all HREC meeting dates and agenda closing dates, please see the [HREC meeting dates](#).

To check on the status of your application, please email [ethics@csu.edu.au](mailto:ethics@csu.edu.au) or call (02) 6933 4213.

### TEAM MEMBER #2 SIGNATURE

<b>Full name</b>	
<b>Date</b> (dd/mm/yyyy)	
<b>Signature</b>	

### TEAM MEMBER #3 SIGNATURE

<b>Full name</b>	
<b>Date</b> (dd/mm/yyyy)	
<b>Signature</b>	

### TEAM MEMBER #4 SIGNATURE

<b>Full name</b>	
<b>Date</b> (dd/mm/yyyy)	
<b>Signature</b>	

If there are more team members to list, please attach additional pages to your application.

**All** team members must sign to confirm that they have read this application and that all information is correct.



Submit form and attachments to [ethics@csu.edu.au](mailto:ethics@csu.edu.au)