

ECF5 HREC Negligible Risk Application Form

This form should be used for all activities submitted to the Metro South HREC where the 'risk' to the participant is 'negligible', namely that there is "no foreseeable risk of harm or discomfort and any foreseeable risk is not more than an inconvenience" (NS: C2.1).

Irrespective of whether the activity/project is called 'Research', 'Quality Assurance' or 'Evaluation', those conducting the activity must consider whether the people involved (e.g. patients, staff or the community) will be exposed to **any risk burden, inconvenience or possible breach of their privacy.**

(Please note, This form of HREC review is only available to Metro South employees; for conduct within Metro South HHS. It cannot be a component of a higher degree (i.e. Honours, Masters or student assessment study). Completion of all fields are mandatory.

CONTACT INFORMATION

Department		Metro South HHS Facility
Applicant Name		
Tel:		Email:
Applicant's Signature		Date:
Head of Department* (HoD)		
HoD Name		
HoD' Signature		Date:
Appropriate line manager signature to be obtained when the Applicant is the Head of Department		

If you provide a **'YES'** response to any of the items below, the activity will be considered to involve more than 'negligible risk' and therefore will require full ethical and governance review. Please contact the Metro South HREC Office to discuss the application further.

PLEASE COMPLETE THE FOLLOWING

	Yes	No
It involves a direct approach to patients and staff (except anonymous surveys)		
Consent is to be sought		
Identifying information is to be collected		
Personally or culturally sensitive information is to be collected (e.g sexual assault, child abuse)		
Data or analysis from an activity is used for a secondary purpose		
Individuals (or groups) could be disadvantaged as a result of participation		
Information collected could have ethical, legal or commercial implications		
Confidentiality of participants is not maintained in publications arising from the activity		

PROJECT OVERVIEW

Study Title:

Project Outline:

Study Aims:

ITEMS FOR FURTHER CONSIDERATION

Will information that already exists within the organisation be accessed (e.g. Medical Records, Departmental Databases, Test Results)? (NB: Only QH employees can access these records for study purposes under the current PHA-exclusion arrangement). If yes, please detail.

What data will be accessed and how will it be labelled on the data collection tool and in any electronic storage?

Does the proposed study potentially infringe the rights, privacy or professional reputations of carers, health care providers or institutions?

If there is any relevant documentation pertinent to consideration of this application, please list below and attach to this form.