ACKNOWLEDGEMENT OF PRIOR HREC APPROVAL

New applications for projects that have been approved by another HREC will be considered for expedited approval (if eligible) in accordance with the *‘National Statement on Ethical Conduct in Human Research 2007’ – Chapter 5.3 – Minimising Duplication of Ethical Review’.*

Please view the [Prior approvals webpage](http://www.barwonhealth.org.au/prior-approval-applications) to determine your eligibility for Acknowledgement of Prior HREC Approval.

If eligible, please complete the following details and submit this form along with supporting documentation to the Research Ethics, Governance & Integrity (REGI) Unit via email by sending to regi@barwonhealth.org.au.

All prior approval applications receive research governance review in addition to HREC review. Eligible applications involving multi-site research and/or greater than low risk research may require submission of additional research governance documents (i.e. SSA, research agreement, etc.). Please seek advice from the REGI Unit’s Research Governance Officer, Ms Lisa Fry.

Generate a Barwon Health Reference Number Prior to Submitting Your Application

Generate a reference number via the [Barwon Health Research Reference Number Generator](https://redcap.barwonhealth.org.au/redcap/surveys/?s=MTWRTLKHXX) (please open with Google Chrome).

\*Please note: *All projects must have a Barwon Health representative\**

**Barwon Health Project Details**

|  |  |
| --- | --- |
| Barwon Health Reference Number |  |
| Principal Investigator |  |
| Contact Name |  |
| Contact email address |  |
| Contact phone number |  |

**HREC Details**

|  |  |
| --- | --- |
| HREC Reference Number |  |
| Project Title |  |
| Name of HREC/s that have provided review/approval |  |
| Email address of HREC who provided initial approval |  |
| Contact phone number of HREC who provided initial approval |  |
| Date of initial HREC approval |  |
| Period of Approval (from/to) |  |
| Conditions of approval (if any) |  |

**Barwon Health Co-Investigator Details (repeat as required)**

|  |  |
| --- | --- |
| Name (title/given name/surname) |  |
| Qualifications |  |
| Contact Phone |  |
| Email |  |

**Research Summary**

Please provide a brief summary of the research. This should include the research ‘aims’.

**Barwon Health Participation**

Briefly explain the involvement of Barwon Health (e.g. recruitment only, research project to be undertaken at this site, etc.)

**Application Documents**

|  |  |
| --- | --- |
| Compulsory Documents | Version/Date |
|  |
| HREC Approval Certificate/s  |  |
| Application Form/s (e.g. NEAF/SSA) |  |
| Protocol |  |
| CVs of all BH Investigators |  |

|  |  |
| --- | --- |
| Supporting Documents (if applicable) | Version/Date |
|  |
| PICF *(Barwon Health letterhead must be used)* |  |
| Investigator Brochure/Product Information |  |
| Advertisements/Questionnaires/Participant Materials, etc. |  |

**Authorisations**

To avoid a conflict of interest, it is important to maintain an appropriate separation of roles when the authorisation is gained therefore, the same individual cannot co-sign in their different organisational capacities.

It is preferred that the appropriate Head of Department (HoD) authorises the research. The Executive Officer’s (EO) authorisation is only required at the discretion of the HoD. In the absence of a HoD, the EO can provide authorisation, and EO’s signature replaces the need for the HoD authorisation in such instances.

Applications involving multisite research (especially < than low risk research) may also require research governance authorisation (eg an SSA, or letter of support from relevant sites). Please seek advice from the REGI Research Governance Officer, Ms Lisa Fry.

Declaration by Principal Researcher

As principal researcher, I recognise that a research activity that is exempted from ethics committee review must comply with the *National Statement on Ethical Conduct in Human Research* and *The Australia Code for Responsible Conduct of Research*. I confirm that to the best of my knowledge, and based on the answers I have provided in this form, this project qualifies for exemption from ethics committee review.

Name:

Signature:

Date:

Declaration by Head of Department

I certify that

* I have read this application and the protocol for the above named project and;
* This research can be conducted under the auspices of Barwon Health utilising the resources outlined in the protocol

AND/OR - (Executive Officer’s approval is at the discretion of Head of Department)

🞏 This application must be approved by the executive director of my department.

Name:

Designation:

Signature:

Date:

Declaration by Executive *(if applicable)*

I certify that

* I have read this application and the protocol for the above named project
* This research project can be conducted under the auspices of Barwon Health with the resources outlined in the protocol.

Name:

Designation:

Signature:

Date: