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| Human Research Ethics Committee **RECIPROCAL APPROVAL APPLICATION**Ethics Approval for Research Involving Humans |

If you have received ethics approval from an NHMRC registered Human Research Ethics Committee other than the University of New England HREC (including the Joint Medical Program) you may not be required to submit a new application to the UNE HREC. To be eligible for a reciprocal approval, a UNE staff member or student must be named on the approved ethics application and where appropriate UNE should be listed as a research site.

Your request will be considered by the Chair of the University of New England Human Research Ethics Committee or delegate and if it is found to be compliant with the [National Statement on Ethical Conduct in Human Research, 2007 (updated 2018)](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018) and with University of New England policies and procedures, you will be issued with reciprocal approval and granted a University of New England approval number.

Please ensure the following documents are attached in addition to this application form:

* A copy of the approved ethics application
* All supporting documents including project descriptions, information sheets, consent forms and data collection tools.
* The ethical approval letter from the approving HREC.
* Any amendments and corresponding approval letters by the approving HREC
* Any other correspondence with the approving HREC

Your approved ethics application and this form should be emailed to humanethics@une.edu.au

If seeking approval from an overseas institution:

If the ethics review body is not an accredited Australian NHMRC HREC, researchers are required to provide evidence that the ethics review body and monitoring process can be considered equivalent to the Australian review system. UNE HREC retain the right to determine whether a non-Australian review process will be accepted. Please contact us by email for further information.

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| **1.** | **Project Title:** |
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| **2.** | **Name of the approving Human Ethics Committee (not UNE):** |
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| **3.** | **Name of the Principal Supervisor/s as named on the approved ethics application** (copy and paste text box if more than one): |
| **Title and full name** |  |  |  |
| **University/Organisation** |  | **Work Phone No** |  |
| **Email address**  |  |

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| **4.** | **Name of the UNE researcher/student research listed on the approved project** (copy and paste text box if more than one): |
| **Title and full name** |  | **Degree (students only)** |  |
| **University/Organisation** |  | **Work Phone No** |  |
| **Email address**  |  |

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| **5.** | **Risk level of the approved project:** |

[ ]  High [ ]  No more than Low [ ]  Negligible

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| 6. | Does the project involve any of the following: |
| Clinical trials |[ ]  Children |[x]
| Research conducted overseas |[ ]  None of the above |[ ]
| Aboriginal and/or Torres Strait Island peoples |[ ]

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| **7.** | **Please list the approval period of the project:** |
| **Approved commencement date:** |  |
| **Approved expiry date:** |  |

Declarations:

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| **8.** | **By signing the below declaration, you the UNE Student/Researcher/s confirm that the facilities, expertise, and experience is available for the research to be completed safely.** | **Yes** |  | **No** |  |
| If not, please provide an explanation: |

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| **9.** | **By signing the below declaration, you the UNE Student/Researcher/s confirm that any proposed payments or money or in-kind transactions will not adversely influence the research or its outcomes or adversely impact UNE.** | **Yes** |  | **No** |  |
| If not, please provide an explanation:  |

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| 10. | By signing the below declaration you (the UNE Student/Researcher) are agreeing to the following: |
| * Provide a copy of the 12 monthly Progress Report submitted to the approving institution to UNE.
* Provide a copy of any variations and updated approvals submitted to the approving institution to UNE.
* Provide a copy of the Final Report submitted to the approving institution to UNE.
* Report to the University of New England Human Research Ethics Committee all adverse incidents or findings.
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Principal Investigators:

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| **Print Name** | **Signature** | **Date** |
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UNE Researcher/s:

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| **Print Name** | **Signature** | **Date** |
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| **Print Name** | **Signature** | **Date** |
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| **Print Name** | **Signature** | **Date** |
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