



St John

Application to conduct research within St John Ambulance Western Australia (SJA-WA)

(Based on the WA Department of Health (DOH) "Application for Data" – Form DS001 - Version June2012)

1. PROJECT TITLE

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2. CONTACT DETAILS

2.1 *Principal Investigator*

This must be the person who has overall responsibility for the management of the project and must **not** be a student. The Principal Investigator must read and sign the legal declarations at the end of this form.

Name & Title:				
Position:				
Organisation:				
Address:				
Phone:	(w):		(m):	
	(h):		Fax:	
Email:				

2.2 Student Details

If this is a student project please provide the student's following information:

Student Name:				
Organisation:				
Degree Course:				
Supervisor:				
Phone:	(w):		(m):	
	(h):		Fax:	
Email:				

3. ORGANISATION RESPONSIBLE FOR APPLICATION

3.1 List all the locations where the research will be conducted and data analysed. *(Please specify department at institutions)*

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4. OUTLINE OF PROJECT

4.1 Please provide a detailed outline *(approximately one to two pages)* of your project including the background, aims, design and methodology of the project.

The aims should reflect the datasets, time frames and variables requested. The methodology should contain detailed information of what methods will be used in the data analysis.

Background:	
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Aims:	
Design:	
Methodology:	

5. PROJECT DURATION

This period should cover all data analysis, eg: data collection through to report writing. Please note that delivery of linked data can take several months depending on the complexity of the request.

Anticipated Start Date:	
Anticipated Finish Date:	

6. PERSONNEL

6.1 Project Personnel

**All project personnel must sign the appropriate SJA-WA Confidentiality Agreement
Please note that all projects requesting unit record level data must have at least one (appropriately qualified) Chief Investigator who is a current SJA-WA staff member
(Please list all personnel and describe their qualifications and role in the project.).**

Title, Full Name, Quals, Institution, Employing Institution, Email <small>eg: Prof Albert Smith, MBBS, Curtin University University of Western Australia, asmith@uwa.au</small>	Expertise and role in the project	Access to data required	Confidentiality Agreement attached
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Add lines as necessary)

7. ETHICS REVIEW

7.1 Will your project involve contact with SJA-WA patients or staff?

YES NO

▪ If YES, please specify

7.2 Does your project require access to SJA-WA patient or service data?

YES NO

▪ If YES, please specify

7.3 Does your project require review by one or more Human Research Ethics Committee (HREC)?

YES NO

If NO – please justify why not

If yes, list the other approvals required and the current status of applications for approval. *Please attach a copy of each approval granted.*

7.4 Does your project require any other approvals?

YES NO

If yes, list the other approvals required and the current status of applications for approval. *Please attach a copy of each approval granted.*

8. PRIVACY AND CONSENT

8.1 Personal Information

Are you applying for the release of personal information from a SJA-WA data collection? Personal information is information about an individual where the identity of the individual is apparent or can be reasonably ascertained from the information itself.

Information is also personal information if it is reasonably possible for the person receiving the information to identify the individual by using other information that they already hold.

YES NO

8.2 If the answer is YES please explain below why non-identifiable information cannot be used.

8.3 If the answer is YES please explain how privacy will be maintained.

9. Personal Information Variables

Please indicate below (“Yes” or “No”) whether you need any of the listed information in your data extract.

Participant / Patient names?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Participant / Patient addresses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Participant / Patient full date of birth (NB: ddmmyyyy not mmyyyy)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Patient identifiers (SJA-WA case number)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Individual hospital or healthcare institution identifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Geo-coded points (longitude or latitude)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

10 Consent

Please indicate below whether consent will be sought from the participants for the use and disclosure of the information about them from SJA-WA data collections.

YES NO

10.1 If consent will be sought explain the consent process, i.e. how participants or those deciding for them will be informed about project or, whether or not they choose to participate. (Attach copies of all contact letters, information sheets and consent forms that will be used.)

10.2 If consent will not be sought from the participants explain why it is impracticable to obtain the consent of the individual to the data collection, use or disclosure of their information? Tick one or more of the following and provide details in the box below.

- The size of the population involved in the research.
- The proportion of individuals who are likely to have moved or died since the health information was originally collected.
- The risk of introducing potential bias into the research.
- The risk of creating additional threats to privacy.
- The risk of inflicting psychological, social or other harm by contacting individuals.
- The difficulty of contacting individuals directly when there is no existing or continual relationship between the organisation and the individuals.
- The difficulty of contacting individuals indirectly through public means.
- Other

Please provide details:

11. OTHER SOURCES OF INFORMATION FOR THE PROJECT

Indicate the other sources of information about the participants that will be used in this project.

- Information will be collected directly from the participant.
- Information will be collected from another person (e.g. carer, parent, Doctor) about the participant.
- Information will be collected from an existing record or data collection held by an individual or organisation other than the SJA-WA.
- Information will be used that you or your organisation have previously collected for another purpose.
- Other

11.1 Describe the source of the information, the information that will be collected from each source and specify whether your project involves the matching of records from different sources. Attach a separate word document outlining the details. (Dataset name, data custodian contact name, phone number and email address and data variables you are seeking).

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12. SECURITY PLAN

Please describe the Security Plan for the protection of the information provided by SJA-WA, or the information to be received from persons contacted as a result of SJA-WA's actions. The Security Plan should specify the measures that will be taken to protect the information from misuse, loss or unauthorised access during the research project. (See [Practice Code for the Use of Personal Health Information from the Department of Health Data Collections](#))

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12.1 Does your security, retention and disposal plan comply with the WA Department of Health (DOH) '[Practice Code for the Use of Personal Health Information](#)'?

YES NO

12.2 If no, please explain why not:

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13. RETENTION AND DISPOSAL PLAN

Please describe the proposal for the retention and disposal of the information provided by SJA-WA, or the information to be received from persons contacted as a result of SJA-WA's actions. See the [Practice Code for the Use of Personal Health Information from the Department of Health Data Collections](#) for requirements. The Information Retention and Security Plan should specify the period of retention of the data after the completion of the project and the measures to be taken to secure the information during that period. It should also specify the date by which the information will be returned or destroyed.

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14. GOVERNANCE

Head of Department / School / Research Organisation

Please tick the boxes to indicate that you have read and understand each clause.

I/ we certify that:

- I/we are familiar with this project and endorse its undertaking.
- The resources required to undertake this project are available.
- The researchers have the skill and expertise to undertake this project appropriately or will undergo appropriate training as specified in this application.
- The conduct of the project has been approved by : (see below)

I/we certify that

(name of institution)

accepts the legal and ethical responsibility for the conduct of this project and have adequate indemnity insurance to cover the conduct of this project.

FULL NAME (PRINTED):

POSITION:

ORGANISATION:

SIGNATURE *

DATE

* Please Note - if the Principal Investigator is the Head of Department / School / Research Organisation the next tier or authority above is required to sign the indemnity form.

15. DECLARATIONS AND SIGNATURES

15.1 Applicant / Principal Investigator

Please tick the boxes to indicate that you have read and understand each clause.

I certify that;

- All information in this application is truthful and as complete as possible.
- The project will be conducted in accordance with the ethical and research arrangements of the organisations involved.
- I have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these.
- I recognise that unit record data from SJA-WA is confidential information and that I am responsible for ensuring that the information will be kept confidential.
- The information provided for this project by SJA-WA will only be used for the project outlined in this application.
- The project will be conducted in accordance with the protocol and conditions approved for this project and in accordance with the provisions of the DOH *Practice Code for the Use of Personal Health Information*.
- I will make available all resulting draft manuscripts, reports or other presentation based on the analysis of SJA-WA data in this application to the SJA-WA Research Advisory Group Chair thereby allowing SJA-WA the opportunity to review and respond within 14 days (2 weeks).
- I will provide SJA-WA with an electronic copy of all publications of results of analysis as they become publicly available.
- I will acknowledge SJA-WA in any publications, reports or presentations resulting from this application.

FULL NAME (PRINTED):

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SIGNATURE

DATE

15.2 Supervisor/s of student/s

Please tick the boxes to indicate that you have read and understand each clause.

I /we certify that:

- I/we will provide appropriate supervision to the student to ensure that the project is undertaken in accordance with the undertakings above.
- I/we will ensure that any necessary training is provided to enable the project to be undertaken skilfully and ethically.

FULL NAME (PRINTED):

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SIGNATURE

DATE

SJAWA reserves the right to suspend or revoke approval at its discretion. The data released by SJAWA is for the specific research approved only. Applicants must inform SJAWA of any fundamental changes to the research proposal.

The following documents are to be submitted with this application.

- Completed SJA Research Application form
- Confidentiality Agreement
- A copy of the full research proposal

These documents can be submitted my email to:

Chair
Research Advisory Group
St John Ambulance (WA)
PO Box 183
Belmont 6984

Enquiries: (08) 9334 1456

research@ambulance.net.au