

Application to Conduct Research within St John Ambulance Western Australia (SJA-WA)

(Based on the WA Department of Health (DoH) “Application for Date” – Form DS001 – Version June 2012)

1. Project Title	

2. Contact Details			
2.1 Principal Investigator			
This must be the person who has overall responsibility for the management of the project and must <u>not</u> 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)

--

4. Outline Of Project

4.1 Please attach your protocol and ethics application. Use plain language to explain the purpose of the St John WA data (maximum of one page)

--

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, Qualls, Institution, Employing Institution, Email <i>eg: Prof Albert Smith, MBBS, Curtin University University of Western Australia, asmith@uwa.au</i>	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
		<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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 have Human Research Ethics Committee (HREC) approval to access St John WA data?

YES NO NOT REQUIRED

If NO or NOT REQUIRED – please justify:

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. 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 <u>not</u> 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

9. Privacy And Consent

9.1 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

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

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

10. 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](#))

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:

11. 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.

12. Declarations And Signatures

12.1 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)	
Signature	
Date	

12.2 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 skillfully and ethically.

Full Name (Printed)

Signature

Date

The following Documents Are to be Submitted with this Application:

- Completed St John Ambulance WA Research Application form
- Confidentiality Agreement
- A copy of the full research proposal
- A copy of your Human Ethics Research Committee (HREC) Application

Submit these documents by mail or email to:

A/Prof Paul Bailey
 Chair of St John WA Research Governance Committee (RGC)
 PO Box 183, Belmont WA 6104

Enquiries:

(08) 9334 1475
research@stjohnambulance.com.au

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