



APPLICATION FOR ETHICAL APPROVAL OF A PROJECT (electronic only)

This application must be typewritten. If the space available is not sufficient, attach details on a separate sheet. If this project includes any information of a commercial or patentable nature, this information should be sent separately and marked "Confidential". Please submit in electronic format to ethics@tscnsw.org.au. If you have prior ethics approval from another institution, you do not need to make new forms.

You can submit the approved participant information sheets and consent forms. Please also submit the approval letter in electronic format, to: ethics@tscnsw.org.au.

1. Project Title
2. Name(s), Title(s), Qualifications and Department/Location and Telephone Number(s) - Principal Investigator: Associates and Co-Investigator:
3. (a) Proposed date of commencement of project: (b) Proposed duration of project:
4. Give a succinct but comprehensive statement of the aims, hypotheses and potential significance of the project, or of its other purposes, noting also the expected benefits (see note).

<p>5. Give a succinct but comprehensive statement of the scientific background to the project and project plan.</p>
<p>6. Briefly describe all methodology to be used with participants.</p>
<p>7. Give a statement on the possible dangers, risks or ill effects of these procedures and the precautions to be taken to prevent or minimise them.</p>
<p>8. Give a statement on the demands, inconvenience or discomfort to the Participants.</p>
<p>9. Give the number, type and age range of all participants, including controls.</p>

10. Sources and means of recruitment.
11. Will any special relationship exist between the recruiter and the participants?
12. Criteria for exclusion.
13. Details of any proposed payment to participants.
14. Where will the procedures involving participants be undertaken?
15. How will risk factors be minimised?

16. How will information be handled to safeguard confidentiality both during and after completion of the research project?						
17. If the project involves the use of medication/drugs/procedure, give details:						
18. Has this project been submitted to any other Ethics Committee: <table><tr><td></td><td>Yes</td><td>No</td></tr></table> If yes , to which Committee? Has approval been granted? If so, attach copy of the approval <table><tr><td></td><td>Yes</td><td>No</td></tr></table>		Yes	No		Yes	No
	Yes	No				
	Yes	No				
19. What do you believe are the ethical issues raised by the proposed project in the light of your previous answers? Please state your response to them.						

OBTAINING INFORMED CONSENT

Please note that a copy of the explanatory material which will be shown to the subjects and the consent form *must be included*.

20. Who will explain the project to the potential participants?
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21. Is there a special relationship between the person explaining the project, or any of the investigators, and a participant?
22. When will the explanation be given?
23. Will the participants be capable of giving consent themselves? (See note) Yes No If not, why? To whom will the project be explained and who will give consent?
24. Will written consent be obtained from all participants? Yes No If not, please give reasons.
25. Who will act as witness?