**Research Application**

**Information for Applicants**

The information you provide on this form and in supporting documentation will be used by Anglicare Southern Queensland (Anglicare) to assess your research proposal and approve research projects with Anglicare clients and/or staff.

Once completed, please submit an electronic copy of your research application form and supplementary documents to [research@anglicaresq.org.au](mailto:research@anglicaresq.org.au). Please note that the assessment and approval process will take a **minimum of 6-8 weeks**.

If you have any queries about the information outlined and/or requested in this application, please contact the Research and Innovation Team at [research@anglicaresq.org.au](mailto:research@anglicaresq.org.au).

***PRIVACY NOTICE:*** The information you provide on this application form will be used by Anglicare Southern Queensland to respond to, and manage, your research application. The information will be handled in accordance with the *Information Privacy Act 2009 (Qld)*.

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| **Section 1. Applicant information** | | | |
| * 1. **Principal Investigator** | | | |
| Title: | | | |
| Full Name: | | | |
| Professional Qualification/s: | | | |
| Position and organisation: | | | |
| Postal Address: | | | |
| Telephone and/or Mobile: | | | |
| Email: | | | |
| Are you a current employee of Anglicare Southern Queensland? | Yes  No |  |  |
| If yes: | Current position: | | |
|  | Supervisor Name and Position: | | |
| * 1. **Research Supervisor (if applicable)** | | | |
| Title: | | | |
| Full name: | | | |
| Professional Qualification/s: | | | |
| Position and organisation: | | | |
| Postal Address: | | | |
| Telephone and/or Mobile: | | | |
| Email: | | | |
| * 1. **Additional Researcher/s (if applicable)** | | | |
| Title: | | | |
| Full name: | | | |
| Professional Qualification/s: | | | |
| Position and organisation: | | | |
| Postal Address: | | | |
| Telephone and/or Mobile: | | | |
| Email: | | | |
| **1.4. Degree Requirement (if applicable)** | | | |
| *If this research is part of a degree requirement, please specify the degree type and degree timeframe.* | | | |

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| **Section 2. Research proposal** |
| **2.1. Title of research project**  This title should be consistent with any external funding application/s |
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| **2.2. Plain language Title** (max. 10 words)  This title should highlight the essential point of the proposal using simple, non-technical language and terms |
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| **2.3. Research Rationale**  Outline the rationale for the research, including the aims, research questions, and how the proposal fits within existing research and identified gaps in knowledge (max. 500 words). |
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| **2.4. Research Design**  Outline the research design including participant recruitment, data collection methods, and data analysis methods(max. 500 words). |
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| **2.5. Timeframes**  What is the proposed **timeframe** for the research? Please include commencement and completion dates for each significant stage of the project. |
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| **2.6. Other Contributors**  Does the research proposal involve any other organisations such as: collaborating organisations(s); sponsoring organisation(s); and/or other government agency; funding/grant organisation?  No  Yes  **If Yes**, please identify each organisation and briefly outline their contribution. |
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| **Section 3. Research proposal ethics** |
| Applicants proposing to conduct research with human subjects must present evidence of compliance with appropriate ethical guidelines for the conduct of such research. It is essential that applicants obtain the formal approval of the Ethics Committee of the institution with which they are affiliated or an external ethical review agency. The full ethics application, along with evidence of ethics approval, including any conditions imposed by the HREC must be provided before final approval of the project can be given. Ethics approval should be forwarded to Anglicare when received. Approval by an Ethics Committee does not mean automatic approval of the project by Anglicare.  Research involving Aboriginal and Torres Strait Islander participants will also need to comply with the [Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](https://www.nhmrc.gov.au/guidelines-publications/e52). |
| Please indicate in the check box below the status of HREC approval as it relates to this research proposal.  research project has ethics approval from a HREC  research project waiting for ethics approval from a HREC  research project exempted from ethical approval  research project waiting for exemption for ethical approval  ethics application is being drafted and will be provided when available. |
| *Please attach the following to this application:*   * *Ethics application form* * *Ethics approval* * *Ethics exemption (if applicable)* * *Research data collection instruments such as surveys, interview schedules, standardised instruments* * *Participant information materials and consent forms.* * *Blue card/s (scanned copy) for all researchers having direct contact with children and young people (if available).* * *Yellow card/s (scanned copy) for all researchers having direct contact with people with a disability.* * *Criminal History Check (Police Certificate) for all researchers conducting research in aged care environments.*   ***Note:*** *If these documents are not yet available, forward this information as soon as they become available.* |

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| **Section 4. Strategic relevance and benefits to ASQ** |
| **4.1. Alignment with Research Strategy**  Please specify how this research aligns to the Anglicare Strategic Plan 2018-2021. |
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| **4.2. Expected Outputs**  Please briefly describe the expected outputs associated with the completion of the project. |
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| **4.3. Expected Outcomes and Benefits**  Please briefly describe how you expect the findings to benefit Anglicare’s policy, program or practice outcomes. |
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| **4.4. Expected engagement and translation**  Please briefly describe how you plan to engage with Anglicare throughout the life of the project and deliver outputs that can support Anglicare to use research findings to inform policy, program or practice decision-making to support improved outcomes for our clients, carers, families, and communities. |
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| **Section 5. Proposal to access Anglicare clients as research participants** | | | | | |
| **5.1. Does the research proposal require access to Anglicare clients? Yes**  **No**  **If yes,** complete the table below to specify which **clients** are to be involved, as well as the nature of their involvement. Please complete all columns and use one row per client group type (if there is more than one type). | | | | | |
| Anglicare’s **client group** and **location** | **Number** of clients in this client group | **Gender** breakdown of client numbers  *e.g. M=20; F=20* | **Age range** of this client group  *e.g. 0-18 years* | Length of **time** and **frequency** of contact required with this client group *e.g. 5 sessions @ 1hr/session over 3 month period* | Nature of **contact** required with the client group  *E.g. Face to face interview, observational survey.* |
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| **Briefly explain** the reason/s for including the client group(s) as participants and briefly justify the number of clients who will be involved. | | | | | |
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| **5.2. Participant Recruitment**  Please describe the approach used to identify and recruit participants. | | | | | |
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| **5.3. Aboriginal and Torres Strait Island Peoples**  Please specify whether your research involves Aboriginal and Torres Strait Island peoples and how relevant issues of research design, ethics, culture and language will be addressed. | | | | | |
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| **5.4. Vulnerable groups**  Please indicate whether your research involves participation from vulnerable groups and how relevant issues will be addressed. Vulnerable groups may include young people, elderly people, people from other countries, and people who may be vulnerable or unable to give fully informed consent. | | | | | |
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| **5.5. Participant Risks**  Please describe the demands, possible risks, inconvenience and discomfort to the sample populations and what precautions will be taken to prevent or minimise these risks. | | | | | |
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| **5.6. Feedback**  How will participants be de-briefed and what provisions will be made for communicating results in an easily understandable format to participants? | | | | | |
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| **Section 6. Proposal to access Anglicare staff as research participants** | | | | |
| **6.1. Does the research proposal require access to Anglicare staff as participants? Yes**  **No**  **If yes,** complete the table below. | | | | |
| **Location**(s) – if known | **Staff title/role**  *e.g. Home Care Worker, Registered Nurse* | **Number** of staff | Length of **time** and **frequency** of contact required with staff  *e.g. 2 X 1 hour over 1 month* | Nature of **contact** required with staff  E.g. f*ace to face interview, observations, survey.* |
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| **Briefly explain** the reason/s for including staff as participants and briefly justify the number of clients who will be involved. | | | | |
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| **6.2. Participant Recruitment**  Please describe the approach used to identify and recruit participants. | | | | |
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| **6.3. Aboriginal and Torres Strait Island Peoples**  Please specify whether your research involves Aboriginal and Torres Strait Island peoples and how relevant issues of research design, ethics, culture and language will be addressed. | | | | |
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| **6.4. Vulnerable groups**  Please indicate whether your research involves participation from vulnerable groups and how relevant issues will be addressed. Vulnerable groups may include young people, elderly people, people from other countries, and people who may be vulnerable or unable to give fully informed consent. | | | | |
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| **6.5. Participant Risks**  Please describe the demands, possible risks, inconvenience and discomfort to the sample populations and what precautions will be taken to prevent or minimise these risks. | | | | |
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| **Section 7. Proposal to access Anglicare in-kind resources** | | | | |
| **7.1. Does the research proposal require access to Anglicare “in kind” resource(s)** (eg, access to equipment, meeting rooms, other facilities, staff time – other than as research participants).**? Yes**  **No**  **If Yes, please complete table below** | | | | |
| **Location**(s) - if known | | **Anglicare resource(**s) needed *(e.g. staff support for recruiting participants)* | | **Proposed time period** for use of resource(s) *(e.g. 2 hours per week for 1 month)* |
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| **Section 8. Proposal to access Anglicare data** | | | | |
| **8.1. Does the research proposal require access to Anglicare data? Yes**  **No** | | | | |
| **8.2. Briefly outline** the data type, rationale for data needs and expected timeframes for access to data. | | | | |
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| **8.3. Secure management of Anglicare data**  Please specify how Anglicare data is to be managed and include responses to the following:   * Who will have access to the data? * How will you receive, transfer, store, access and manipulate the data? * What are the expected timeframes for access to the data? * What security measures will be in place, including what will happen in the event that the researchers or investigators leave the research? * How will the data be managed or destroyed at the conclusion of the research? * What measures will be in place to ensure that the data is not accessed or used without future approvals from Anglicare? | | | | |
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| **Section 9. Request for financial resources** | | | | |
| **Does the research proposal include a request for financial support from Anglicare? Yes**  **No**  **If yes**, please comple the table below | | | | |
| Total financial support requested from Anglicare | Proposed **total time period** for financial support *(month/year – month/year)* | | Proposed time scheduling of financial allocation  *(frequency of payments – if known)* | |
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| **Section 10. Declaration of Applicant** |

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| I,       as the Principal Researcher of the project | | |
| DECLARE THAT— | | |
|  |  | The information contained in this application is true and correct to the best of my knowledge |
| **Signature:** | |  |
| **Name:** | |  |
| **Date:** | |  |

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| **Applicant’s Academic Supervisor to Complete (if part of a degree requirement)** | |
| I,       DECLARE THAT:  (full name) | |
| I have examined this application to conduct research and I am satisfied that the research proposal is sound, and that it is both relevant and necessary for the applicant’s current research project. | |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

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| Please submit electronic copies of your completed research application and supplementary documents, to the [research@anglicaresq.org.au](mailto:research@anglicaresq.org.au). |