HUMAN RESEARCH ETHICS COMMITTEE

Low Risk Review Checklist

Please complete the checklist below to ascertain whether your research project would be eligible for low risk ethical review by your School Research Committee (SRC). Student researchers must review the completed checklist with their supervisors. If you answer “YES” to any items in the checklist your project would normally not be eligible for low risk review (unless you can make a Special Case) and you should complete a Full Ethics Clearance form and submit it via your SRC for full review to the Human Research Ethics Committee. Please note that time constraints are not an acceptable reason for seeking low risk review where projects are of more than everyday risk.

Project Title

Researcher Name

School

1. GENERAL REQUIREMENTS

Is the research being funded by an agency outside the University which requires Human Research Ethics Committee approval involving community representation? □ YES □ NO

Does the project involve waiving of consent for research using personal information in medical research or personal health information? □ YES □ NO

Does the research involve indigenous people, directly or indirectly? □ YES □ NO

If you have answered “YES” to any of these questions you must complete a full ethics application form for review by the Human Research Ethics Committee.

2. RISK ASSESSMENT

A. Are any of the following topics to be covered in part or in whole?

- research about parenting □ YES □ NO
- research investigating sensitive personal issues □ YES □ NO
- research investigating sensitive cultural issues □ YES □ NO
- explorations of grief, death or serious/traumatic loss □ YES □ NO
- depression, mood states, anxiety □ YES □ NO
- gambling □ YES □ NO
- eating disorders □ YES □ NO
- illicit drug taking □ YES □ NO
- substance abuse □ YES □ NO
- self report of criminal behaviour □ YES □ NO
- any psychological disorder □ YES □ NO
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- suicide
  - YES  NO
- gender identity
  - YES  NO
- sexuality
  - YES  NO
- race or ethnic identity
  - YES  NO
- any disease or health problem
  - YES  NO
- fertility
  - YES  NO
- termination of pregnancy
  - YES  NO

B. Are any of the following procedures to be employed?

- use of personal data obtained from Commonwealth or State Gov. Dept./Agency
  - YES  NO
- deception of participants
  - YES  NO
- concealing the purposes of the research
  - YES  NO
- covert observation
  - YES  NO
- audio or visual recording without consent
  - YES  NO
- recruitment via a third party or agency
  - YES  NO
- withholding from one group specific treatments or methods of learning, from which they may “benefit” (e.g., in medicine or teaching)
  - YES  NO
- any psychological interventions or treatments
  - YES  NO
- administration of physical stimulation
  - YES  NO
- invasive physical procedures
  - YES  NO
- infliction of pain
  - YES  NO
- administration of drugs
  - YES  NO
- administration of other substances
  - YES  NO
- administration of ionising radiation
  - YES  NO
- tissue sampling or blood taking
  - YES  NO
- collecting body fluid
  - YES  NO
- genetic testing
  - YES  NO
- use of medical records where participants can be identified or linked
  - YES  NO
- drug trials and other clinical trials
  - YES  NO
- administration of drugs or placebos
  - YES  NO

C. Other Risks

Are there any risks to the researcher, (e.g. emotional distress, research undertaken in unsafe environments or trouble spots)?
  - YES  NO

3. PARTICIPANT VULNERABILITY ASSESSMENT

Does the research specifically target participants from any of the following groups?

- suffering a psychological disorder
  - YES  NO
- suffering a physical vulnerability
  - YES  NO
- people highly dependent on medical care
  - YES  NO
- minors without parental or guardian consent
  - YES  NO
- people whose ability to give consent is impaired
  - YES  NO
- residents of a custodial institution
  - YES  NO
- unable to give free informed consent because of difficulties in understanding information statement (e.g. language difficulties)
  - YES  NO
- members of a socially identifiable group with special cultural or religious needs or political vulnerabilities
  - YES  NO
- those in dependent relationship with the researchers (e.g. lecturer/student, doctor/patient, teacher/pupil, professional/client)
  - YES  NO
- participants able to be identified in any final report when specific consent for this has not been given
  - YES  NO
4. RESEARCH IN OVERSEAS SETTINGS ASSESSMENT

Does the research involve any of the following?

- research being undertaken in a politically unstable area
  - YES  NO
- research involving sensitive cultural issues
  - YES  NO
- research in countries where criticism of government and institutions might put participants and/or researchers at risk
  - YES  NO

5. SPECIAL CASE ASSESSMENT

If you have answered “YES” to any item on the checklist but still believe that because of the particular nature of the project and its participants, the research may still be eligible for low risk review please provide details on your Special Case below (you may also attach an additional sheet). You must then submit these reasons with the checklist to the School Research Committee for consideration and approval of your Special Case. Please note that the HREC may not agree with the approval of your Special Case by the SRC and can request you to submit a full risk application instead if deemed necessary.

SPECIAL CASE DETAILS:

RESEARCHER SIGNATURE: ………………………………………………………………………………………………………

APPROVAL OF SPECIAL CASE BY THE SRC

The SRC has met and considered the Special Case details associated with this project and agree that the project can be submitted for low risk review:

- YES
- NO

Comments:

SRC CHAIR SIGNATURE: ………………………………………………………………………………………………………

If you have answered “NO” to all items, attach this checklist to your Low Risk review ethics application prior to submitting it to your School Research Committee for review.