

**QCPR Research Gatekeeper Request Form**

***(Note: This does not constitute ethics approval, only endorsement to progress to ethics submission)***

**SECTION 1: STUDY & INVESTIGATOR DETAILS**

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| **1.1 Title** *(This must match all prior HREC approval documentation)* |
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| **1.2 Investigators** |
| **Name** | **Status (staff, student, supervisor & type)** | **Organisation** |
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| **1.3 Lay Summary** *(Max 200 words)**Provide a brief lay summary describing the research aim, significance, participants, method and likely outcomes.*  |
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**SECTION 2: SUPPORT REQUESTED**

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| * 1. **RESEARCH CATEGORY & ACKNOWLEDGEMENTS**
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| ***Please double click the check box next to your research category***.  |
| [ ]  | 1. **Collaborative Research***The QCPR is a co-investigator. QCPR staff play an active role in at least 3 of the following areas: concept development; study design; seeking/developing resources / funds/personnel; data collection and analysis; publication/presentation of results. The QCPR co-owns IP arising from parts of the research protocol, equipment and outcomes to which it contributed and will be listed as an author on relevant publications.*
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| [ ]  | 1. **Recruitment Support***The QCPR is being used primarily for recruitment and QCPR staff are involved in reviewing the application, identifying appropriate potential participants and contacting participants to provide the study information. If ticked, please complete 2.2 below.*
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| * 1. **Recruitment Support**
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| **Please tick** the support you require AND detail relevant processes/budget items in your ethics application, cover letter and budget statement. |
| [ ]  | **Client mailout (charge):** Registrants who meet the selection criteria for the study and have provided consent to be contact for research will be identified by QCPR staff. A mailout will be coordinated by QPCR staff involving a coverletter and study information. Any registrant wishing to gain more information about the study can contact the contact the researchers independently via the contact details listed on the study flier. All costs incurred to the QCPR will be met by the researcher following receipt of an invoice from the QCPR. |
| [ ]  | **Client email advertisement (charge)**Registrants who meet the selection criteria for the study and have provided consent to be contact for research will be identified by QCPR staff. An email to identified registrants will be coordinated by QPCR staff involving a coverletter and study information. Any registrant wishing to gain more information about the study can contact the researchers independently via the contact details listed on the study flier. All costs incurred to the QCPR will be met by the researcher following receipt of an invoice from the QCPR. |
| [ ]  | **QCPR Staff are the participants:** Where QCPR staff are the participants, their participation will be negotiated with the QCPR Steering Committee and their line manager.  |
| [ ]  | **Client phone calls (internal studies only):** Following the information mailout, a follow up phone call to eligible [clients / parents / guardians] will be made to check their understanding of the written material and their desire to participate.  |

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| * 1. **Inclusion criteria of participants**
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| Please indicate specific inclusion and exclusion criteria relevant for identifying potential participants (e.g. age range, type and severity of CP, geographical location) |
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| * 1. **Budget Agreement**
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| **Category** | **Resource required** | **Cost ($)** | **Cost centre** |
| **QCPR STAFF TIME** |
| Data cleaning  |  |  |  |
| Mailout administration |  |  |  |
| **CONSUMABLES** |
| Stationery |  |  |  |
| Printing |  |  |  |
| Postage |  |  |  |
| **TELECOMMUNICATIONS** |
| Telephone calls |  |  |  |
| Email distribution |  |  |  |

**SECTION 3: ETHICS APPROVALS**

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| * 1. **CPL Ethical Approvals**

*If the study is similar to, or an extension of a study previously approved by the CPL HREC, please provide details.* |
| **Project title:** |  |
| **Chief Investigator:** |  | **Email:** |  |
| **CPL HREC Approval Period:** |  | **Approval number:** |  |
| **Attachments:** | [ ]  A copy of ethical clearance has been forwarded with this document  |

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| * 1. **External Ethical Approvals**

*Please provide details of each of the NHMRC registered ethics committees to which you have / intend to apply. Attach electronic copies of (a) the host ethics application and (b) all ethical approval letters.*  |
|  | **HOST INSTITUTION**  | **OTHER INSTITUTION** | **OTHER INSTITUTION** |
| **Institution:** |  |  |  |
| **Approval period:** |  |  |  |
| **Approval Number:** |  |  |  |
| **Ethics application attached** | Yes / no |  |  |
| **Ethics approval attached**  | Yes / no | Yes / no | Yes / no |

**SECTION 4: INVESTIGATOR AGREEMENT**

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| **Investigator Signatures** |
| Chief Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| If the chief investigator is a student, sign off is also required by the ***Principal Supervisor*** Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

**SECTION 5: ORGANISATIONAL APPROVALS**

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| * 1. **Gatekeeper Approval**
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| **To be completed by the QCPR Manager on behalf of the QCPR Steering Committee**The project has been reviewed by a quorum of the QCPR Steering Committee and we are satisfied that: * The study is appropriately aligned with the aims of the QCPR
* The QCPR and research team are appropriately resourced to carry out the requested activities
 |
| **Gatekeeper** | **Name** | **Signature** | **Date** |
| QCPR Manager |  |  |  |
| **OR Gatekeeper approval has not been granted because:** |