



RESEARCH RECOGNITION FUND: ETHICS FORM

For applicants who **DO NOT** have ethics approval from a tertiary provider.

1. General Information:

Applicant Name: _____

Research Project Title: _____

Other Researcher(s) Involved in the Project: _____

Other Research Project(s) Applicant Has Completed: _____

Types of participants for this project: Please circle

Students

Adults - 20+years

Legal Minors – 16-20 years

Legal Minors – under 16 years

Others: please describe

Does the research include the use of a questionnaire?

Yes / No

If yes, please attach questionnaire with this application

Do you require written consent from participants?

Yes / No

If yes, please attach consent form with this application

Does the research involve the use of focus groups or interviews?

Yes / No

If yes, please indicate how the data will be recorded. When recorded explicit consent is required

Where will the project be conducted? *State location*

2. Participants:

What criteria will you use for selection of participants? _____

How will information on the project be given to participants? _____

How many participants will be selected? _____

How will you protect the anonymity and confidentiality of participants?

Please give explicit detail of how you will protect privacy (Privacy Act, 1993) and confidentiality issues _____

What risks are involved for participants? *Moral, physical, psychological, emotional (including discomfort or embarrassment). If there are risks, identify and describe how these will be mitigated* _____

3. Data Storage:

Where will data be stored? _____

Will data be destroyed? If so, how and when? _____

4. Declaration:

The information supplied is, to the best of my knowledge, accurate. I agree to comply with the provisions of the Privacy Act, 1993.

Applicant's signature: _____ Date: _____

Please post to: CDANZ Research Committee, C/- PO Box 31 104, Ilam, Christchurch, along with a copy of any questionnaire, consent form, and letter(s) of support for your research project.

Checked By CDANZ Research Committee: _____ **Date:** _____