Cross-Institutional HREC Application

UND HREC Recognition of Primary HREC Approval or Exemption

To be completed in reference to UND Procedure: Applying for Ethics Approval (Cross Institutional Approval[1])

APPLICATION FORM - UND HREC Cross Institution / Primary HREC Approval Ratification [V25102023]

1. Research Project Title (as shown on Primary HREC approval)

2. Research Project Involvement

Consultancy   Clinical Trial   Collaboration   Staff   Student

3. Research Team

UND Principal Researcher/Chief Investigator
UND staff member with responsibility for the UND role in the project.

Title & Name: UND ID Number:

Faculty: School/Institute:

Email:

Named on Primary HREC Approval: Yes   No
If No, provide justification:

Describe what this researcher will do, in the context of this research project.

UND Supervisor of Student (complete for student projects only)
UND staff member with responsibility for the UND student role in the project.

Title & Name: UND ID Number:

Faculty: School/Institute:

Email:

Describe what this researcher will do, in the context of this research project.

UND Student Researcher/Investigator (complete for student projects only)

Title & Name: UND ID Number:

Faculty: School/Institute:

Degree sought: Phd   Masters   MD   Honours   Other:

Email:

Describe what this researcher will do, in the context of this research project.

UND Student Researcher (complete for student projects only)

Title & Name: UND ID Number:

Faculty: School/Institute:

Degree sought: Phd   Masters   MD   Honours   Other:

Email:

Describe what this researcher will do, in the context of this research project.

Details for all additional UND Researchers/Investigators named on the project

Title & Name: UND ID Number:

Email: School/Institute:

Research Team Role:

Title & Name: UND ID Number:

Email: School/Institute:

Research Team Role:

Title & Name: UND ID Number:

Email: School/Institute:

Research Team Role:

Title & Name: UND ID Number:

Email: School/Institute:

Research Team Role:

4. Primary HREC Details

Primary HREC

Name of HREC: Email:

Approval Reference Number:

Approval Start Date:

Approval End Date:

Site Specific Approval - governance (Complete if applicable)

Title & Name: Email:

Governance Approval Start Date:

Governance Approval End Date:

5. Attachments

Attach the following documentation:	Yes	No	N/A	Document File name:
Primary HREC application form and all attachments (e.g. consent, PIS, protocol, advert)				
Primary HREC application approval letter or email				
Primary HREC amendment form/s or site authorisation/s, for addition of the UND staff and/or student/s to the project				
Primary HREC amendment approval notification letter or email				
Student Proposal with course/unit code				
Research Data Management Plan (RDMP) *Note: Primary HREC approved or UND[1].*				
Research Data Management Plan RAiD Number[2]		.	.	/
Other document file name:				
Other document file name:				
Other document file name:				
Other document file name:				

UND Principal Researcher/Chief Investigator Declaration

I undertake to ensure that the UND Staff and Student Researchers named in this application are aware of their roles and responsibilities and the research will be conducted in accordance with NHMRC Guidelines and Codes and UND Policies and Procedures.

[1] Policy: Research Data Management and Procedure: Research Data Management.
https://www.notredame.edu.au/__data/assets/pdf_file/0017/55052/Policy-Research-Data-Management.pdf
https://www.notredame.edu.au/__data/assets/pdf_file/0016/55051/Procedure-Research-Data-Management.pdf

[2] A Research Activity ID (RAiD) is required as a persistent identifier for all UND research projects
You may request a RAiD using this form: https://nd-au.libwizard.com/f/raid_service.

Title & Name: Date:

Signature:

**UND Associate Dean Research, Chair School Research Committee,
Head of School or Director of Institute. Declaration**

I confirm that the School/Institute supports the project.

I confirm that the project aligns with the Objects of UND.

Title & Name: School/Institute:

Email:

Signature: Date: