

**APPLICATION TO CONDUCT RESEARCH IN**

**CEWA SCHOOLS AND OFFICES**

**1.0 NAME OF APPLICANT(s):**

* Title: Given Name:       Surname:

* Title: Given Name:       Surname:
* Title: Given Name:       Surname:

Name of Institution (For example – University, Government Department):

Postal Address:

Suburb:       State:       Postcode:

Phone:       Fax:

Email:

**2.0 DETAILS OF RESEARCH**

**2.1 Title of Research**

**2.2 Abstract of Research Project (no more than 100 words):**

1. **DETAILS OF QUALIFICATION (if applicable):**

* Qualification:
* Supervisor’s Name: Given Name:       Surname:
* Institution:
* School/Faculty:
* Postal Address of Institution:

**4.0 NAME OF HUMAN RESEARCH ETHICS COMMITTEE (HREC) WHICH IS REVIEWING THE PROPOSAL:**

(If no approval has been sought, please provide reasons.)

**5.0 EXTERNAL FUNDING:** (Please indicate if there is any external funding for this research project.)

1. **TIMELINE FOR PROJECT:**

When will participants be contacted? Month: Year:

When will data collection occur? Month: Year:

Anticipated end of data analysis. Month: Year:

Anticipate date for findings report. Month: Year:

1. **CONTRIBUTION OF RESEARCH PROJECT TO EDUCATION AND/OR THE BROADER COMMUNITY:**

1. **DETAILS OF SCHOOLS INVOLVED:** (Please tick the relevant answer or provide the relevant details.)

**8.1 System Representation:**

*Please indicate the number of schools from each of the three education systems that will be involved in the research*

*.*

Catholic       Independent       Government

*To reduce the potential burden on CEWA schools, the proportion of schools should not exceed 30%. Additionally, CEWA believes that a cross-system representation is likely to reflect a more appropriate and valid sampling methodology. If you propose to exceed 30% of CEWA schools, please indicate reasons below:*

**8.2 Names of CEWA Schools**

*Please list names of Catholic schools to be approached (if known). If all Catholic schools are to be approached please indicate (all names not required).*

**8.3 Categories of CEWA Schools**

*Which type and how many schools will be approached?*

Number of Primary Schools:

Number of Secondary Schools:

Composite (Kindergarten to Year 12):

Other - specify and number

**8.4 Numbers of Participants:**

Students (indicate Year level and number):

Student exclusions – specific groups eg special needs, cultural groups

(specify group/s)

Parents:

Teachers:

Principals:

Others (please specify):

**9.0 RESEARCH METHODOLOGIES:**

**9.1 Consent Processes**: (Please indicate proposed consent processes)

* Active (opt-in)
* Passive (opt-out)
* Mixture of active/passive

Please provide brief details of consent processes. If any methodology other than Active Consent is being sought, reasons must be provided.

**9.2 Research Instruments:** (Please complete the table below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample Group** | **Research instrument to be implemented for each sample group (i.e. survey, interviews,**  **focus groups)** | **Will occur during school time** | **Time associated with each research instrument** | **Specify any other commitments required of participants** |
| *Students* |  |  |  |  |
| *Teachers* |  |  |  |  |
| *Principals* |  |  |  |  |
| *Parents* |  |  |  |  |
| *Others (please specify)* |  |  |  |  |

**9.3 Incentives:**

*Are participants or schools going to be offered any incentives to participate in the research?*

Yes  No

If ‘Yes', please provide details:

**10.0 USE OF INFORMATION:**

**10.1 Conflict of interest*:*** *(Please provide information regarding potential conflicts of interest either real or perceived)*

**10.2 Confidentiality and Privacy:** (*please indicate whether any personal information will be collected. If so please specify what information, why and what measures will be taken to protect privacy and security)*

**10.3 Images and Recordings**: (*please indicate whether any sound recordings and/or still or video images of participants will be made. If yes, please provide details of participants; details of recordings/images; all actual and proposed uses; collection procedures; personnel involved; depersonalisation practices; storage and destruction details) NOTE; these details will also need to be specified in a separate Collection Notice and disclosed to participants)*

**10.4 Data Storage, Use and Transmission:** *(Please outline the individuals*

*and/organisations who will* *be responsible for data transmission, storage, granting permission to use and*

*destruction. Please also outline briefly the processes to be used. Additionally, please indicate how data might*

*be used, especially in public contexts and the media)*

1. **RISK OF HARM AND INTRUSIVENESS:**

**Please indicate whether the research will cover any of the following topics:**

YES NO

Illegal behaviour (e.g. hitting others

damaging or stealing property, as well

as self-incrimination)

Depression and/or anxiety

Bullying or anti-social behaviour

Grief, trauma and/or death

Sexuality, including explicit images

Drug or alcohol use

YES NO

Eating disorders and/or body image

Race or ethnic relations

Religious sensitivities

**Please indicate whether the research will cover any of the following methodologies**

YES NO

Comparative data comparing individuals,

systems or states

Psychological assessment or intervention

Potential identification of individual,

classes or schools

Deception

Procedures or equipment which might

be considered unfamiliar and therefore risky

(including medical or similar)

Visual (still or motion) and/or audio recording

Interaction with children outside the

classroom environment

Please indicate whether any of the following groups

will be **CONSCIOUSLY EXCLUDED** from the research

YES NO

Aboriginal or Torres Strait Islanders

People diagnosed with physical, intellectual or

psychological disabilities

People with other difficulties including social, learning

emotional, physical

Minority cultural or ethnic groups

Parents/caregivers who may be unable to provide

informed consent because of language or other

difficulties

If any of the above groups are CONSCIOUSLY EXCLUDED please outline reasons below:

*If you have answered YES to any of the above responses on page 5 or 6 please specify the risks, their potential severity as well as what processes will be put in place to manage the risks. This should include an indication of the expertise of personnel involved in risk management.*

1. **WORKING WITH CHILDREN REGISTRATION:**

Any researcher (including assistants) who will be working with children will need to either scan or photocopy their registration card and submit with this application form.

1. **RESEARCHER’S DECLARATION:**

**Indemnity**

The organisation and principal researcher indemnify CEWA and any Catholic schools involved in the research from all losses, liabilities, damages, costs and expenses of any kind arising from and claim it incurs related to:

* Personal injury, death or property loss or damage caused or contributed to by the principal researcher and other researches
* The project – the principal researcher’s conduct including any materials and publications
* Project materials – created by the principal researcher and other researchers which infringe anyone’s intellectual property rights
* Negligent, unlawful or wilful act or omission by the principal researcher and other researchers

**Reporting**

* A copy of the findings or results of the research will be provided to CEWA on the completion of the research. If the duration is longer than one year, an annual report will be provided
* Data collected will not be used for any other purpose other than that stated, without the written approval of the Executive Director of Catholic Education Western Australia.

**Legislation**

* The organisation and principal researcher and other researchers will comply with the provisions of the working with Children Act 2004 and the Privacy Act 1988 and declare there are no other circumstances or reasons that might preclude undertaking research with children or young people.

**Signature(s) of researchers**

Signature of Researcher:……………………………………………… Date:…………………………………

**Signature of Organisation representative**

Signature of Representative:………………………………………….Date:…………………………………

**RESEARCH CHECKLIST**

**Please attach copies of the following documents with this application**

*Please tick responses if attached.*

YES NO N/A

1. I have read the CEWA Guidelines and Principles for Research

in Western Australian Catholic Schools and Offices

2. I have completed and attached all supporting documentation

1.1 Copy of letter granting ethics approval from

the relevant institution (if applicable)

1.2 Copies of all questionnaires

1.3 Copies of all interview schedule

1.4 Copies of information & consent letters for

research participants (if research involves the

collection of data through audio/video or photographic

methods, it must be clearly outlined in the information

& consent letters)

1.5 A list of schools/groups that will be requested to

participate in the research

1.6 Copy of the researcher’s Working with Children

Check (if research involves working with children)

3. I have included a cover letter, addressed to The Executive

Director, Catholic Education Western Australia, requesting

permission to conduct research in Catholic schools

Please send the signed and completed form and relevant attachments to:

[research@cewa.edu.au](mailto:research@cewa.edu.au)

Or by mail (if electronic format is not possible) to:

**Executive Director**

**Catholic Education Western Australia**

**PO Box 198**

**LEEDERVILLE WA 6903**