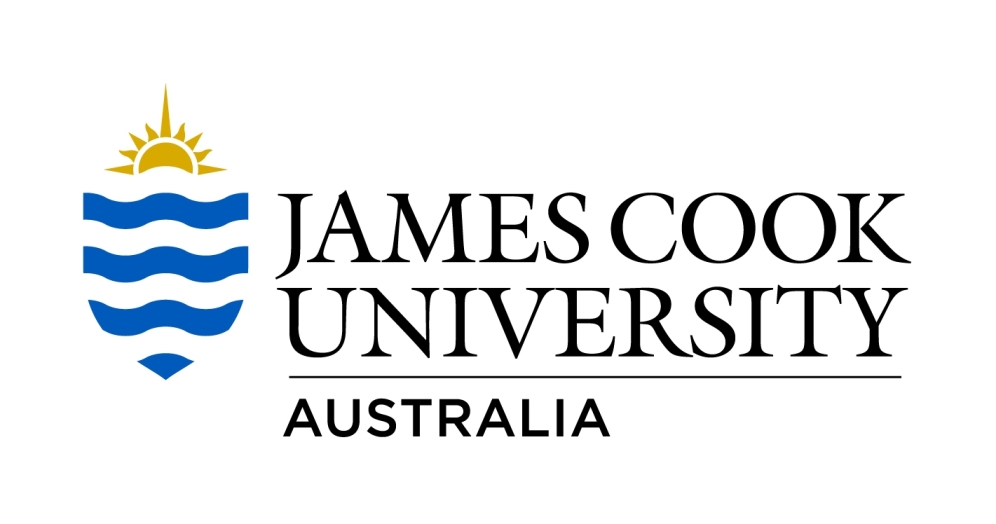
REPORT FOR RESEARCH OR TEACHING INVOLVING ABORIGINAL & TORRES STRAIT ISLANDER PARTICIPANTS



**Human Research Ethics Committee**

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|  | | | | | | HUMAN ETHICS  APPROVAL NUMBER | | | | | | | H | | |
| ***Please email one pdf file of this report to*** [***ethics@jcu.edu.au***](mailto:ethics@jcu.edu.au)***. If it is not submitted in one pdf file it will not be accepted. A hard copy is not required.*** | | | | | | | | | | | | | | | |
| 1 | TITLE OF PROJECT |  | | | | | | | | | | | | | |
| 2 | CATEGORY |  | | | | | | | | | | | | | |
| 3 | PERIOD DURING WHICH ACTIVITIES REQUIRING ETHICS APPROVAL OCCURRED | | | | | | | | | | | | | | |
|  | COMMENCEMENT DATE |  | | | FINISH DATE | | | | |  | | | | | |
| 4 | STATUS OF PROJECT  (Please tick) | Completed |  | In Progress | | |  | | Abandoned | |  | | | Not Commenced |  |
|  | | | | | | | | | | | | | | | |
| 5 | PRINCIPAL INVESTIGATOR’S DETAILS | | | | | | | | | | | | | | |
|  |  | | | |  | | |  | |  | | | | | |
|  | Last Name, First name and Title | | | | ESN[[1]](#footnote-1) | | | ORGU | | Discipline/College or Institution (Country) | | | | | |
|  |  | | | |  | | |  | |  | | | | | |
|  | Email | | | | Phone | | | | | | | Fax | | | |
|  |  | | | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| 5a | SUPERVISOR DETAILS 1 (if applicable) | | | | | | | | | | | | | | |
|  | Last Name, First name and Title | | | | ESN 1 | | | ORGU | | Discipline/College or Institution (Country) | | | | | |
|  |  | | | |  | | |  | |  | | | | | |
|  | Email | | | | Phone | | | | | | | Fax | | | |
|  | | | | | | | | | | | | | | | |
| 5b | SUPERVISOR DETAILS 2 (if applicable) | | | | | | | | | | | | | | |
|  | Last Name, First name and Title | | | | ESN 1 | | | ORGU | | Discipline/College or Institution (Country) | | | | | |
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|  | Email | | | | Phone | | | | | | | Fax | | | |
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| PLEASE ANSWER ALL QUESTIONS: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 6 COMPLIANCE | | | | | | | | | | | |
| Did the project comply in all respects with the conditions detailed in the approved ethics application and any subsequent amendments that were approved by the Human Research Ethics Committee | | | | | | | | | | | |
| If NO, please provide details below: | | | | | | Yes | |  | No | |  |
|  | | | | | | | | | | | |
| TOTAL NUMBER OF PARTICIPANTS INVOLVED IN THE STUDY: | | | | | | | | | | | |
| Male |  | Female |  | Children |  | | Total | | |  | |
| NUMBER OF INDIGENOUS PARTICIPANTS INVOLVED IN THE STUDY | | | | | | | | | | | |
| Male |  | Female |  | Children |  | | Total | | |  | |
|  | | | | | | | | | | | |
| 7 UNEXPECTED ADVERSE EFFECTS or EVENTS | | | | | | | | | | | |
| Did any of the participants of the study suffer any unexpected adverse effects? Were there any unexpected events that occurred of which the Human Research Ethics Committee should be aware? If Yes, How did you manage these events? Could these events have any implications for similar research studies? | | | | | | | | | | | |
| If YES, please provide details below: | | | | | | Yes | |  | No | |  |
|  | | | | | | | | | | | |
| 8 COMPLAINTS | | | | | | | | | | | |
| Were there any complaints from participants, or any other organisation/community group, etc. involved with the study? | | | | | | | | | | | |
| If YES, please provide details below: | | | | | | Yes | |  | No | |  |
|  | | | | | | | | | | | |

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| 9 STATEMENT OF REPORT |
| Please provide a brief statement of the outcomes and conduct of project. |
|  |
| 10 PUBLICATIONS |
| Please provide a reference list of all publications generated from the project. (Please indicate status of the publications, i.e. submitted, accepted, etc.) |
|  |

**11 CERTIFICATION OF PRINCIPAL INVESTIGATOR – MUST BE SIGNED BY THE PRINCIPAL INVESTIGATOR**

|  |  |  |
| --- | --- | --- |
| * I declare that the statements made in this report are correct | | |
| Signature *(Principal Investigator)* | *Name* | Date |

*Please note: if the principal investigator is an Honours or Higher Degree Student, the supervisor must also sign this report***.**

**12 AUTHORISATION by SUPERVISOR(S) - SUPERVISOR/S MUST SIGN. IF THE PRINCIPAL INVESTIGATOR IS A JCU STUDENT.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I/We certify that the statements made in this report are correct.. | | | | | |
| Signature *(Supervisor)* | *Name* | Date | Signature *(Supervisor 2)* | Name | Date |

**13 AUTHORISATION by DEAN OF COLLEGE/DELEGATE - THE PRINCIPAL INVESTIGATOR MUST OBTAIN THE SIGNTURE OF THE DEAN/DELEGATE BEFORE SUBMITTING THE REPORT TO THE JCU HREC.**

|  |  |  |
| --- | --- | --- |
| I certify that the statements made in this report are correct | | |
| Signature | *Name* | Date |

1. Indicate if the Researcher is currently an **E**mployee or a **S**tudent of JCU, or a researcher who is **N**ot affiliated with JCU. If the project involves international cooperation, please specify the country. [↑](#footnote-ref-1)