**Magistrates Court of Tasmania Coronial Division**

**Research Application Form**

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| **Date of Application** |
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| **Project Title**  |
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| **Principal Researcher** |
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| **Organisation / Institution**  |
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| **Support Agency** (if applicable) |
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| **Ethics approval** |
| Has the project received Ethics Approval? If yes, please attach details. [ ]  [ ] Yes No  |
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| **Application type** |
| [ ] New application (Please complete sections A – D)[ ] Amendment to application (please complete section E)Original commencement date:Project reference:  |
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| **Broad category of research** |
| [ ] Tick the category that best fits the application:[ ] Social science[ ] Criminological[ ] Public Health[ ] Other *(please specify)*:  |
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| **SECTION A****Project proposal / outline – summary** |
| *NOTE: Give a succinct summary of 500 words and ensure that all attachments are page numbered throughout. Also, ensure that an outline of your proposed statistical analysis is included.* |
| BACKGROUND |
| RESEARCH METHODOLOGY |
| PROJECT AIMS AND HYPOTHESES (up to 150 words)  |
| TASMANIAN SUICIDE REGISTER DATA REQUESTDates: Case status: (open / closed) *(If open cases are requested, please provide justification)*Other relevant search fields *(please specify exact requirements – see appendix A):*  |
| How will the TSR data assist in the project’s aims and hypotheses?  |
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| **Anticipated duration of project** |
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| **Anticipated commencement date** |
| *Must be after ethics approval* |
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| **Anticipated completion date** |
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 **SECTION B**

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| **Researchers and contact person***Include the principal research, associate researches(s), student supervisor and student (if applicable). Add annexure to application for all additional researchers/students.* |
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| **Principal researcher**Title and name:Appointment:Department:Institution:Mailing address:Role in this project:Academic qualifications:Phone:Email: |
| **Associate researcher**Title and name:Appointment:Department:Institution:Mailing address:Role in this project:Academic qualifications:Phone:Email: |
| **Student:**Title and name:Degree/course: |

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| **SECTION C****Reporting of results** |
| 1. Are there any limitations or restrictions on the publication of results by researchers?

[ ] Yes [ ] NoIf yes, please explain the nature of the limitation or restrictions: |
| 1. Will a report of the project outcomes (for example, group data) be publicly accessible at the end of the report?

[ ] Yes [ ] NoIf yes, please give details of the type of report and how it will be made available. If no, explain why not: |

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| **Use or disclosure of information** |
| 1. Does the project involve the use of identifiable or potentially identifiable information?

[ ] Yes [ ] No |
| 1. Does the project involve the disclosure of information that can lead to potential identification of a person?

[ ] Yes [ ] No |
| 1. What are the specific purposes for which the information will be used?
 |
| 1. List the individuals or organisations to which the researcher will disclose the information *(if information is not to be disclosed, write “Not Applicable” below).*
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| 1. Give reasons why information will be used or disclosed in an identifiable form. Who will have access, when, and what form will the data be in? (I.e. identifiable or non-identifiable).
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| **SECTION D****Type of information, security and handling of information** *In answering there questions, please stipulate details for both hard copy and electric records.* |
| 1. Specify the information that will be collected, used or disclosed *(i.e. date of birth, age, medical history, location, etc.)*
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| 1. Describe the security arrangements for storage of the information.
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| 1. Where will the information be stored?
 |
| 1. Who will have access to the information?
 |
| 1. For what period of time will the information be retained?
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| 1. How will the information be disposed of at the end of this period?
 |
| 1. How will the privacy of individuals be protected in any publication arising from this project?
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| **Project details** |
| **Sites where the project will be conducted**Indicate the site(s) at which the project will be conducted: |
| **Adverse events** |
| What procedures are in place to manage, monitor and report adverse and/or unforeseen events relating to the collection, use or disclosure of information?*Note: the Principal Researcher is responsible for reporting all adverse events, signing all correspondence regarding adverse events, and forwarding safety updates to the Magistrates Court of Tasmania Coronial Division.* |

**SECTION E (FOR PROJECT AMENDMENTS ONLY)**

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| **Project amendments**  |
| Does the amendment involve an extension to the completion date?[ ] Yes [ ] NoIf yes, provide details below:Original expected completion date:New expected completion date:Reason for the time extension: |
| Does the amendment involve a change of personnel on the research team?[ ] Yes [ ] NoIf yes, please specify.Researcher leaving the project:Researcher joining the project:Reason: |
| Academic qualifications and a brief summary of relevant experience for this project must be provided for new members joining the research team:Title and name:Appointment:Department:Institution:Mailing address:Role in this project:Academic qualifications:Phone:Email: |
| Does the amendment modify existing privacy implications?[ ] Yes [ ] No |
| Summarise the amendments to the approved project, including justification for the changes and any ethical issues the amendment raises.  |

**APPENDIX A – Relevant search fields**

[ ]  Age

[ ]  Sex

[ ]  Suicide method

[ ]  Location

[ ]  Socio-demographic profile

[ ]  Employment/study

[ ]  Relationship status

[ ]  Physical ill health

[ ]  Treatment for physical illness

[ ]  Mental ill health

[ ]  Treatment for mental illness

[ ]  Indicators of intent proximal to fatal event

[ ]  Interpersonal stressors

[ ]  Situational and contextual stressors

[ ]  Service contacts

[ ]  Toxicology