**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 REQUEST  Dates:  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 No  If 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 No  If 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).* |
| 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.)* |
| 1. Describe the security arrangements for storage of the information. |
| 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? |
| 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 No  If 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 No  If 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