Research Applications and Advisory Committee

Research Application Form

# Instructions to applicants

1. Read the ‘Students and Researchers’ page on the Department of Justice website.
2. Complete all questions on this form, where applicable.
3. Where questions are not applicable, please type ‘N/A’.
4. Attachments are to be provided as a separate word or PDF document.
5. Email the completed Application Form and all attachments to RAAC@justice.wa.gov.au.

# Project submission details

|  |  |
| --- | --- |
| Research Title:  |       |
| Principal researcher:  |       |
| Department/organisation:  |       |
| Date first submitted: |       |
| Date of revision (if applicable): |       |
| Project ID (office use only): |       |

# Applicants

## Principal researcher:

|  |  |
| --- | --- |
| Name: |       |
| Position:  |       |
| Department/organisation  |       |
| Qualifications:  |       |
| Postal address: |       |
| Telephone:  |       |
| Email:  |       |

## Main contact (if different to Principal researcher):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Telephone:  |       |
| Position: |       | Email:  |       |
| Department/ organisation:  |       | Postal address: |       |
| Qualifications:  |       |  |  |

## Academic supervisor (if principal researcher is student researcher):

|  |  |
| --- | --- |
| Name: |       |
| Position:  |       |
| Department/organisation  |       |
| Qualifications:  |       |
| Postal address: |       |
| Telephone:  |       |
| Email:  |       |

## Type of application:

|  |  |
| --- | --- |
| [ ]   | Academic  |
| [ ]   | Multi-centre |
| [ ]  Government Please see question 5. |
| [ ]  Non-government |
| [ ]  Commercial |
| [ ]   | Student |
| Academic qualification/ degree being sought:       |
| Academic institution:       |
| [ ]   | Other |
| Please specify:       |

## Applications made to other government agencies:

|  |  |
| --- | --- |
| [ ]   | Yes |
| [ ]  State governmentName of agency:       |
| [ ]  Commonwealth governmentName of agency:       |
|  |
| [ ]   | No |

# Project

## Proposed commencement and completion date:

|  |  |  |
| --- | --- | --- |
|  | Commencement date | Completion date |
| Project Schedule:  |    /    /      |    /    /      |

## Alignment with Strategic Research Priorities:

(List all relevant. Link these to the proposed research, and outline the benefit to the Department)

|  |
| --- |
| *
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*
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## Provide a brief description of the research project and explain the following:

* **Aims/ hypothesis**
* **Potential significance**
* **Background**

|  |
| --- |
|       |

##  Type of research output intended:

(e.g. research report, journal article, theses, dissertation, manuscripts, conference presentations, discussion papers, posters, press releases, internet postings, etc.

|  |
| --- |
|       |

##  Funding arrangements for project:

|  |
| --- |
|       |

## Appropriate professional indemnity and public liability insurance cover:

|  |  |
| --- | --- |
| [ ]   | Yes |
| Name of insurer/ organisation:       |
| [ ]   | No |

# Methodology

## Provide details on method, techniques, design and data analysis to be used:

(Sufficient detail is required to allow assessment of the research application in terms of scientific validity and in accordance with accepted principles of research practice.)

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| --- |
|       |

## Methods of data collection:

(For example, interviews, group discussions, surveys/questionnaires, administrative records, data etc.

|  |
| --- |
|       |

# Type of research assistance sought

##  Assistance sought from the Department

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | Entry to Departmental Premises | [ ]  | Access to court/corrections clients |
| [ ]  | Access to Departmental records | [ ]  | Access to other clients |
| [ ]  | Access to administrative data | [ ]  | Access to staff |

##

# Access to Departmental records and data

## Data identifying individuals requested:

|  |  |
| --- | --- |
| [ ]   | Yes  |
| Informed consent of individuals must be obtained.  |
| Outline why you require data identifying individuals:      |
| [ ]   | No |

## Attach data requirements (i.e. data items, reference periods, output templates).

Refer to the “Examples of Available Data and Issues to Consider” on the website.

# Access to Departmental Clients and Staff

## Sample (tick and complete all relevant):

|  |  |  |
| --- | --- | --- |
|  | Participant Group:  | Details:(provide information on sample sizes, premises, access dates etc. |
| Corrections |
| [ ]  | Prisoners |       |
| [ ]  | People on remand |       |
| [ ]  | Adult offenders in the community |       |
| [ ]  | Young people in detention |       |
| [ ]  | Young people in the community |       |
| [ ]  | Corrections Staff |       |
| Courts |
| [ ]  | Criminal Defendants (adult) |       |
| [ ]  | Criminal Defendants (juvenile) |       |
| [ ]  | Civil Applicants/Respondents |       |
| [ ]  | Victims |       |
| [ ]  | Judicial Officers  |       |
| [ ]  | Court staff |       |
| [ ]  | Court users |       |
| [ ]  | Jurors |       |
| Other |
| [ ]  | Head Office Staff |       |
| [ ]  | Other (specify):       |       |

## Criteria for selection of participants:

|  |
| --- |
|       |

## Proposed method to recruit participants:

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|       |

##  Attach research instruments and data collection tools (i.e. surveys, questionnaires, interview questions). Should these not be available at the time of application, please outline why.

## Intention to bring electronic recording device(s) to Departmental premises:

|  |  |
| --- | --- |
| [ ]  | Yes |
| Type of electronic recording device(s):      |
| [ ]  | No |

# Informed consent of participants

## Person(s) responsible for obtaining informed consent of participants:

|  |
| --- |
|       |

## Method of obtaining informed consent:

|  |
| --- |
| [ ]  Written informed consent [ ]  Verbal consent electronically recorded and witnessed by independent witness[ ]  N/A |

## Provide details of method of obtaining informed consent:

|  |
| --- |
|       |

## Attach Participant Information Sheets and Consent Forms.

# Risks and Impacts

## Impact on Departmental clients and staff as participants:

1. Explain impact:

(For example, demands (physical/time), possible risks, inconvenience, discomfort)

|  |
| --- |
|       |

1. Precautions to be taken to prevent or minimise impact:

|  |
| --- |
|       |

## Impact on data security:

1. Possible risks:

|  |
| --- |
|       |

1. Precautions to be taken to ensure security of information and to safeguard confidentiality of participants in terms of storage and access of information:

|  |
| --- |
|       |

1. What will happen to data after completion of research, particularly those containing names and identifying information:

|  |
| --- |
|       |

# Ethical Considerations

## Ethics Approval to be obtained:

All research with the Department is required to meet ethical standards.

|  |  |
| --- | --- |
| Name of committee  | Status:  |
|       | [ ]  Approved  | [ ]  Pending  | [ ]  Not Submitted |
|       | [ ]  Approved  | [ ]  Pending  | [ ]  Not Submitted |

## Attach ethics approvals.

(If ethics approval is pending, the Department may approve this project conditional upon receipt of ethics approval.)

## Provide details of how research is ethically and culturally appropriate for Aboriginal people and people from culturally and linguistically diverse backgrounds:

|  |
| --- |
|       |

# Disclosure of conflict of interest

Potential conflict of interest includes, but is not limited to:

* Researcher is an employee of the Department
* Researcher is employed by/affiliated with current or potential service providers to the Department
* Researcher has/had personal or family relationship with offenders/defendants/staff
* Researcher has/had personal or family relationship with individuals or groups who may reasonably be perceived as being involved in criminal behaviour.

## Disclose potential conflict of interest:

|  |  |  |
| --- | --- | --- |
| Name of researcher:  | Details of conflict of interest:  | How will this be managed? |
|       |       |       |
|       |       |       |
|       |       |       |

# Declaration by Principal Researcher

## In submitting this application form, I declare that:

* **The information contained in this application is true and correct**
* **I have provided copies of all requested documentation to enable assessment of this application.**

**Principal Researcher:**

|  |
| --- |
| Name:       Signature:       (electronic signatures are accepted)Dated:       |