

Appendix 9.3 – Nomination Form

Nomination for certification of the ethical review process for multi-centre Research	
Institution	
Name:	
Primary affiliation:	<input type="checkbox"/> University <input type="checkbox"/> Government Department (hospital/local health district or equivalent) <input type="checkbox"/> Government Department (other) <input type="checkbox"/> Medical Research Institution <input type="checkbox"/> Non-Government Department Hospital (private) <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Address:	
Postal address:	
Suburb:	
State:	
Postcode:	
Switchboard number:	
Head of Institution and contact details	
Name:	
Title:	
Postal address:	
Phone:	
Mobile:	
Postal address:	
Email address:	
Institution contact officer for certification process (if different from Head of Institution)	
Name:	
Title:	
Phone:	
Mobile:	
Fax:	
Email address:	

HREC name (if different from institutional name)	
Name:	
NHMRC registration code:	
Postal address:	
Suburb:	
State:	
Postcode:	

HREC Chair and contact details (Chair will be contacted only with knowledge of institution)	
Name:	
Title:	
Phone:	
Mobile:	
Email address:	

HREC administrative support officer	
Name:	
Title:	
Phone:	
Mobile:	
Fax:	
Email address:	

Research	
Please indicate proposed categories of research that you wish to be considered in for certification (tick as many as required). Institutions should note that the certification scheme is applicable to all human research, not just clinical trials.	
<input type="checkbox"/> Justice health Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %	<input type="checkbox"/> Mental health Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %
<input type="checkbox"/> Population health and/or public health Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %	<input type="checkbox"/> Qualitative research Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %
<input type="checkbox"/> Clinical trials <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Devices <input type="checkbox"/> Drugs <input type="checkbox"/> Surgery <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Phase 0 <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV </div> </div> Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %	<input type="checkbox"/> Clinical interventional research other than clinical trials Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> %
<input type="checkbox"/> Other health and medical research* Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> % Please specify	<input type="checkbox"/> Other human research (not health and medical)* Number of reviews in last two calendar years <input style="width: 100%;" type="text"/> Percentage of total reviews in the last two calendar years <input style="width: 100%; text-align: right;" type="text"/> % Please specify

An explanation of the categories of research and targeted populations can be found on pages 8–10 of the Certification Handbook.

**If your institution nominates this category, the certifying body may contact you upon receipt of your nomination to discuss the categories nominated under this field.*

Participants	
Please indicate targeted populations (as per the <i>National Statement</i>) that your institution would like to be considered for certification in, relating to the categories of research listed on the previous page.	
<input type="checkbox"/> General population (Competent adults) Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Women who are pregnant and the human foetus Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Children and young people Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>	<input type="checkbox"/> People in dependent or unequal relationships Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>
<input type="checkbox"/> People highly dependent on medical care who may be unable to give consent Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>	<input type="checkbox"/> People with a cognitive impairment, an intellectual disability, or a mental illness Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>
<input type="checkbox"/> People who may be involved in illegal activities Number of reviews in last two calendar years <input style="width: 100px;" type="text"/>	

A specialist assessor may be required to review processes relating to certain categories and/or participants as part of the assessment process of your institutions claim for certification.