

Subproject Application

Under Umbrella Approval

# Who should use this form?

Researchers who have already received approval for an ***umbrella project*** and who now wish to add a ***subproject*** should submit this application to the Human Research Ethics Team: humanethics@westernsydney.edu.au

If you do not already have approval to conduct an umbrella project, please contact an Ethics Officer to discuss your options.

# Section 1: Overview

|  |  |  |
| --- | --- | --- |
| **1.1.** | Ethics ID of Umbrella Project:  | **H13152** |
| **1.2.** | Umbrella Project Title:  |  **The evaluation of technology-enhanced learning (TEL) at Western Sydney University** |
| **1.3.** | Lead Investigator: | **Glenn Mason** |
| **1.4.** | Subproject Title: |  |
| **1.5.** | Sites: |  |
| **1.6.** | Commencement date: |  | Expiry Date: |  |

# Section 2: Project Team

**2.1.** Other Investigators/Supervisors:

|  |  |
| --- | --- |
| **Supervisor 1**  | **Name and contact details** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Qualifications: |  |
| Position:  |  |
| Phone Contact:  |  |
| Email:  |  |

|  |  |
| --- | --- |
| **Supervisor 2**  | **Name and contact details** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Qualifications: |  |
| Position: |  |
| Phone Contact :  |  |
| Email: |  |

**2.2.** Students:

|  |  |  |
| --- | --- | --- |
| **A** | Is this research project part of the assessment of the students? | [ ]  Yes [ ]  No |
| **B** | Describe the student’s involvement in this project:  | [ ]  Elective [ ]  Compulsory |
| **C** | What training/experience do the students have in the relevant methodologies? |
|  |  |
| **D** | What training have the students received in the ethics of research? |
|  |  |
| **E** | Describe the supervision arrangements for the student/s: |
|  |  |

**2.3.** Student details:

|  |  |
| --- | --- |
| **Student Investigator 1**  | **Student ID :** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Position:  |  |
| Phone Contact:  |  |
| Name of enrolled course: |  |
| Email:  |  |
| Summary of qualifications/experience |  |
| Name of Supervisor: |  |

|  |  |
| --- | --- |
| **Student Investigator 2**  | **Student ID :** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Position:  |  |
| Phone Contact:  |  |
| Name of enrolled course: |  |
| Email:  |  |
| Summary of qualifications/experience |  |
| Name of Supervisor: |  |

|  |  |
| --- | --- |
| **Student Investigator 3**  | **Student ID :** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Position:  |  |
| Phone Contact:  |  |
| Name of enrolled course: |  |
| Email:  |  |
| Summary of qualifications/experience |  |
| Name of Supervisor: |  |

|  |  |
| --- | --- |
| **Student Investigator 4**  | **Student ID :** |
| Name:  |  |
| Address:  |  |
| Organisation:  |  |
| Position:  |  |
| Phone Contact:  |  |
| Name of enrolled course: |  |
| Email:  |  |
| Summary of qualifications/experience |  |
| Name of Supervisor: |  |

# Section 3: How to submit this form

Email this form to humanethics@westernsydney.edu.au

Attachments:

* Research Protocol for each new student
* Relevant information sheets, consent forms, recruitment material, research tools for each student project