|  |  |
| --- | --- |
| **DEAKIN UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE**  **PROJECT DESCRIPTION/PROTOCOL** |  |

**Instructions for preparing the project description/protocol**

1. The purpose of the Project Description is to provide the scientific and academic background and context of a research project.
2. A Project Description is a **mandatory** component of a submission using the Human Research Ethics Application (HREA).
3. The section headings in this Project Description template represent a structure for presentation of information about a research project that meets the needs of an ethics review body.
4. Not all headings or sub-headings in this template are relevant for each research project. Where a question is not relevant please enter NA into the response box. Please do not delete the question.
5. Researchers may use visual aids embedded in the project description/protocol to assist in describing their project where appropriate (e.g. images, videos etc.).
6. Submissions of clinical trial proposals may use alternative protocol templates, such as the [SPIRIT statement](http://www.spirit-statement.org/).
7. Researchers may choose to submit an existing document (such as a protocol or project description that has already been developed) instead of developing a new document.
8. If researchers choose to submit an existing document instead of using one of the templates provided, they may need to provide indications to the ethics review body of where in the submitted document the content corresponding to the relevant fields in the template are located.
9. There is no need to duplicate information in the HREA into the Project Description or vice versa.
10. Language that is understandable to non-technical reviewers should be used.

**COVID-19**

All research must comply with current COVID-19 restrictions, as well as with Deakin’s [COVIDSafe Management Plan](https://deakin365.sharepoint.com/sites/CampusReactivation/SitePages/Being-COVIDSafe.aspx" \o "https://deakin365.sharepoint.com/sites/CampusReactivation/SitePages/Being-COVIDSafe.aspx). Any activities considered as having high COVID-19 risk (e.g. requiring safety measures over and above the COVIDSafe Management Plan and risks covered by the general requirements of entry to campus) must have an approved [COVIDSafe Activity Plan](https://deakin365.sharepoint.com/sites/CampusReactivation/SitePages/Being-COVIDSafe.aspx" \o "https://deakin365.sharepoint.com/sites/CampusReactivation/SitePages/Being-COVIDSafe.aspx) in place. This includes any on-campus research involving a face-to-face element, as well as off-site research (e.g., site visits, fieldwork etc).

**1. Project details:**

1.1 Please provide the project title:Evaluation of a brief body image digital intervention for people with problem eating behaviours

1.2 Please provide an acronym for the project (if appropriate)**:**

1.3 Please provide the project description/protocol version number

**2. Project Team Roles & Responsibilities:**

2.1 Please provide the names, affiliations, positions and responsibilities of individuals involved in the project beyond those outlined in the HREA (e.g. technical or support staff).

Dr Mariel Messer

Lecturer, School of Psychology, Deakin University

Dr Messer will oversee the entirety of this project, including contributing to study design, selecting the measures, recruiting participants, and writing up the findings for publication.

Dr Jake Linardon

Senior Research Fellow, School of Psychology, Deakin University.

Dr Linardon will contribute to study design, selecting the measures, recruiting participants, and writing up the findings for publication.

Prof Matthew Fuller-Tyszkiewicz

Professor, School of Psychology, Deakin University

Prof Fuller-Tyszkiewicz will oversee data analysis and publication of the project.

A/Prof Elizabeth Westrupp

Professor, School of Psychology, Deakin University

A/Prof Westrupp will offer supervision and will contribute to data analysis and writing up findings for publication.

**3. Resources:**

3.1 Please provide details of the resources necessary for the project to be conducted, and the funding or support being sought or secured.

This project is supported by Dr Messer’s Faculty of Health ReseArch Capacity Building Grant ScHeme (HAtCH) grant.

**4. Background:**

Please provide:

4.1 A lay summary of the literature review (approximately 1 A4 page)

Targeting factors that contribute to the maintenance of binge eating is essential for developing effective intervention programs. One factor that has received empirical and theoretical support as a central maintaining mechanism of binge eating is negative body image, defined as unhealthy thoughts, perceptions, and beliefs about the importance of weight and shape (Grogan, 2016) . Previous research shows that negative body image predicts the persistence of binge eating over time, is associated with poor intervention outcomes, and increases the likelihood of relapse following intervention (Vall & Wade, 2015). Thus, interventions designed to target this factor is necessary for alleviating binge eating problems and improving the wellbeing of those affected.

Many empirically supported intervention programs for binge eating exist. Many of these contain a small amount of therapeutic content at the end of 12-16 week program designed to address negative body image. Unfortunately, nearly two-thirds of individuals undergoing these interventions drop-out prior to exposure to body image-related content, potentially contributing to their limited overall efficacy (Linardon et al., 2020). Thus, developing a brief, accessible, scalable, and free program exclusively designed to address negative body image among people who binge eat may be a solution to broaden the dissemination of evidence-based intervention strategies and improve current remission rates. At present, a brief, self-guided program of this nature is missing, highlighting an urgent gap in this field of work.

The proposed project intends to develop a single-session, self-guided, online intervention designed to address negative body image among people who binge eat (Mind-2-Body). We aim to test the acceptability and preliminary efficacy of this program and to explore factors that determine success from this intervention. If successful, Mind-2-Body will be made freely available to individuals in need of evidence-based help but cannot access it via traditional means due to reasons related to cost, geographical constraints, and limited professional availability.

**References**

Grogan, S. (2016). Body image: Understanding body dissatisfaction in men, women and children: Routledge.

Linardon, J., Shatte, A., Messer, M., Firth, J., & Fuller-Tyszkiewicz, M. (2020). E-mental health interventions for the treatment and prevention of eating disorders: An updated systematic review and meta-analysis. Journal Of Consulting And Clinical Psychology, 88, 994–1007. doi:10.1037/ccp0000575

Vall, E., & Wade, T. D. (2015). Predictors of treatment outcome in individuals with eating disorders: A systematic review and meta‐analysis. International Journal of Eating Disorders, 48, 946–971. doi:10.1002/eat.22411

4.2 A rationale/justification (i.e. how the research will fill any gaps, contribute to the field of research or contribute to existing or improved practice).

Most existing online programs are “packaged up” into multiple different modules that comprise a suite of strategies designed to target a broad range of binge eating risk and maintaining factors (e.g., dieting, body dissatisfaction, negative affect, overeating). Such programs take as long as 16 weeks to complete, which is unnecessarily long for people, causing premature dropout. At present, existing studies have only evaluated the acceptability and efficacy of the entire “package”, and so little empirical evidence exists on the effectiveness of individual components intended to be completed in one-sitting (“single session”). Testing the effectiveness of a single-session body image program is needed in order to identify which elements of an online intervention program do and do not “work”, and whether brief programs produce comparable symptom changes to longer, conventional programs. Knowing this would thus allow researchers to spend time on augmenting and strengthening these effective elements while simultaneously discarding those elements that confer no benefit (Kazdin, 2007). Ultimately, this would allow us to maximise the efficacy, efficiency, and cost-effectiveness of these online interventions.

4.3 The research questions/aims/objectives/hypothesis

Using a randomized controlled trial design, we are posing the following broad research questions:

1. Does Mind-2-Body have adequate ratings of acceptability and satisfaction?

2. Can Mind-2-Body improve body image among participants who binge eat?

3. Does Mind-2-Body improve other indices of mental health, like eating and dieting concerns, binge eating, and psychological functioning?

4. Are there any characteristics of participants that are associated with the degree of body image change after receiving Mind-2-Body?

4.4 The expected outcomes

Capitalizing on the modern information technology by translating effective intervention programs for delivery via online platforms has the potential to reach a wider audience in need of empirically supported intervention strategies for binge eating. This could reduce existing economic strains on health insurance agencies and the healthcare system.

**5. Project** **Design:**

Please provide details of:

**The research project setting**

5.1 This may include physical sites, online forums and alternatives

There are two phases to this study.

Phase 1 will involve all respondents to study advertisements to complete a brief screener to determine their eligibility. Those who meet eligibility criteria will then complete an online questionnaire battery that will ask them about their demographics, eating behaviour, self-esteem, body image, and attitudes and acceptability of online interventions. Participants who complete this questionnaire battery will then be randomly allocated via a computer-generated sequence to one of two conditions (Mind-2-Body or wait-list). Participants allocated to the online program will have access to the content of the program immediately and will be asked to practice the exercises as often as they like, and whenever they feel it would be useful. Mind-2-Body is a single-session program that can be completed via an online platform in about 60 minutes. It consists of 5 lessons designed to help people improve their body image, with each step offering a key exercise grounded in cognitive, behavioral, or mindfulness principles. Participants allocated to the wait-list will be notified that they will have access to the program 8-weeks after baseline.

Phase 2 will occur at the end of the 4-week intervention phase. For both groups, phase 2 involves completing the baseline questionnaire again 4-weeks after the baseline assessment was completed. This will be to assess for the acceptability and efficacy of Mind-2-Body. Participants allocated to the immediate intervention group will also be asked some brief questions about their experiences with the intervention and will be offered an opportunity to debrief about the study with the Principal Investigator (Dr Messer), either via email or telephone. All participants will complete a final follow-up survey at 8 weeks from baseline. The entire study is therefore done online, and no face to face contact with participants is required. All participants will be reimbursed $25 for the 4-week post survey, and $25 for the 8-week post-survey. We have used the same design in a previous research study approved by Deakin’s Human Research Ethics Committee (Identification number – 2019-339)

**6. Methodology:**

6.1 The methodological approach

A randomized controlled trial (RCT) will be used for this study. Participants will be assigned to either the online program or the wait-list control condition (using simple randomization) via a computer-generated sequence with equal weight to either condition. Post-intervention assessments will take place 4-weeks after baseline to allow sufficient time for participants in the intervention group to implement and benefit from the exercises offered within the program, consistent with the time-frame used in our prior brief online intervention trials. A follow-up assessment will also be taken two months from baseline.

6.2 The rationale for choices of method/s (tied to project aims/objectives)

RCTs are considered the “gold-standard” methodological approach when evaluating the effects of a particular intervention, as it enables us to make causal inferences between any relationships observed between the intervention and selected outcomes. Our selected comparison group will be a wait-list control. Participants allocated to this group will be given access to the program 8-weeks post-baseline. This brief delay in the intervention is considerably less than the wait that is required for standard face-to-face treatment. Importantly, there is no available evidence to suggest that participants allocated to a waiting list experience a deterioration in symptoms over the course of a study. In fact, a modest percentage of participants (15%) spontaneously remit from problem eating behaviours when allocated to a wait-list control (Linardon, 2018), suggesting that there are no discernible risks associated with using a wait-list control in our target population.

**Reference**

Linardon, J. (2018). Rates of abstinence following psychological or behavioral treatments for binge-eating disorder: Meta-analysis. International Journal of Eating Disorders, 1-13. doi:10.1002/eat.22897

**7. The participants including:**

7.1 A description and the number of participants

A **minimum** of 72 (36 per group) participants from the community will be recruited for this study.

7.2 The inclusion and exclusion criteria

Inclusion criteria will be deliberately kept broad, given that we want to reach a broad population of individuals wanting to address binge eating behaviour, consistent with previous trials of internet-based programs (e.g., Jacobi et al 2007). The inclusion criteria will be adults aged 18 years or over, who have access to the Internet, and who self-report the presence of recurrent binge eating (eating a large amount of food in a short period, accompanied by sense of loss of control), defined as one episode per every two weeks, on average, over the past three months.

7.3 The sample size and statistical or power issues

A minimum of 72 participants (36 per condition). Sample size estimates are based on an expected medium between groups effect size (d = 0.6). Assuming an alpha of .05 (one-tailed) and a power of .80, 36 participants per condition are required to detect statistically significant differences between conditions for negative body image. However, please note that because this is a pilot study, the sample size will not be restricted to 72 participants if more people express their interest in participating.

7.4 Your participant recruitment strategies and timeframes (as required in addition to that outlined in the HREA)

Participants will be recruited via social media sites (e.g., Facebook, Twitter, and Instagram etc.), online forums (e.g., Reddit), fitness centres, body image organisations, and word-of-mouth. Respondents who are interested in participating will follow a link to an online webpage containing the plain language statement. If they consent to participate, they will then go on to complete the baseline measures. After completing these, they will be informed of their allocated condition and will commence the study.

7.5 Your approach/es to provision of information to participants and/or consent (as required in addition to that outlined in the HREA)

Implied consent will be obtained from participants indicating that they have the plain language statement and wish to participate by clicking “agree”. If participants wish to withdraw at any point during the study, they are free to stop using the intervention program and ignore the post assessment questionnaire.

7.6 If necessary, the type of consent provided to different participant groups, when and where, and any arrangements to confirm that consent

Every participant will consent to this research online, by clicking agree or disagree after the presentation of the PLS.

7.7 If necessary, details of who will be confirming or re-negotiating consent with participants and the process/es that will be undertaken

Not applicable, as consent will be obtained after presentation of the PLS.

**8. Research Activities:**

What you are going to do? Please include:

8.1 The participant commitment

After presenting the plain language statement, participants will go onto the complete the baseline questionnaire battery (~20 minutes). Those who are eligible to participate (i.e., are aged 18 years or over and have access to a computer/internet) will be notified by email which condition they are assigned to. Instructions for how to access the online program will be provided to the “immediate intervention” condition. The single modular online program consists of various exercises that have been shown to help improve negative body image. Importantly, the online program will also include information (website links, phone numbers) on various professional support services (e.g., Lifeline, Butterfly Foundation), should participants indicate some distress during the intervention phase. Participants will be instructed to use the intervention whenever they desire. At the end of the intervention phase, participants will be asked to complete the post-assessment questionnaire (~20 minutes). The same post-test questionnaire will be sent again 4-weeks after the first post-test assessment (2 months from baseline). The total commitment for this study is expected to be around 3 hours.

8.2 The project duration

The total duration of this study will be for two months

8.3 Any participant follow-up

The follow-up includes the one month and two month post-assessment.

Please ensure your responses to Sections 9-12 comply with Deakin’s [Research Data Management procedure](https://policy.deakin.edu.au/document/view-current.php?id=23) and accurately reflect the details you have included in your [Research Data Management Plan](https://research-data.deakin.edu.au/footprints/dashboard/login?fromUrl=) (a compulsory document for all Deakin research).

**9. Data Collection/Gathering:**

9.1 What information are you going to collect/gather/generate? (as required in addition to that outlined in the HREA)

We will collect information about participant’s demographic characteristics, their prior eating and body image patterns, and their psychological functioning (e.g., mood, quality of life), all of which are based on self-report questionnaires.

9.2 Data collection/gathering techniques: How will you collect/gather the information? Will any third parties be involved in any aspects of recruitment or data collection?

All data will be collected via a secure online survey system (Qualtrics) and run from a secure Deakin server that is password protected.

9.3 Impact of and response to participant withdrawal

There are no adverse consequences of withdrawing from the study, and participants are free to withdraw at any stage. The PLS and website have information reinforcing this and suggest avenues for complaints (ethics committee) if needed.

**10. Data Management:**

10.1 How will you store, provide access to, disclose, use/re-use, transfer, destroy or archive the information that you collect/gather? (as required in addition to that outlined in the HREA)

The data will be stored on a secure, Deakin-approved, password-protected faculty shared network drive. All information will be de-identified (i.e., a unique ID number will be assigned to participants survey responses). Data will be regularly backed up and stored in the principal investigator’s office. Data will be stored for a minimum of 5 years after publication of the findings (after which it will be destroyed).

Include a Research Data Management Plan in accordance with National Statement [3.1.45 and 3.1.56](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#toc__556) and Deakin’s [Research Data Management procedure](https://policy.deakin.edu.au/document/view-current.php?id=23).

**11. Data Analysis:**

11.1 How will you measure, manipulate and/or analyse the information that you collect/gather?

All data will be collected via valid and reliable self-report questionnaires. For the primary analysis, multilevel models will be conducted to explore intervention efficacy on negative body image to adjust for repeated measurement while handling missingness. The primary outcome will be the Body Shape Questionnaire score. Secondary outcomes will include subscales and behavioural items from the Eating Disorder Examination Questionnaire, motivation to change, positive body image, attitudes towards help-seeking and digital interventions, and psychological functioning and will be analysed using linear-mixed models. Primary analyses will be based on the intention-to-treat principle, in which all participants randomized will be included in the analyses. Logistic and linear regressions will be performed to examine whether any baseline variables can predict dropout and treatment response, respectively.

11.2 Please describe your matching and sampling strategies

Participants will be assigned at random to either the online intervention or the wait-list control condition (using simple randomization) via a computer-generated sequence with equal weight to the online intervention group or the wait-list condition

11.3 Please outline how you will account for potential bias, confounding factors and missing information

Randomization will ensure that the two groups do not statistically differ on any baseline variable. If, unexpectedly, the two groups do indeed differ significantly on a baseline variable, we will include that variable as a covariate in our primary analyses. We also expect around a 20% attrition rate. To handle missing data, we will use multiple imputation method, which is the most conservative approach for testing the efficacy of an intervention under the intention-to-treat principle.

11.4 Please include your statistical power calculation

A minimum of 72 participants (36 per condition). Sample size estimates are based on an expected medium between groups effect size (d = 0.6) per our prior trials. Assuming an alpha of .05 (one-tailed) and a power of .80, 36 participants per condition are required to detect statistically significant differences between conditions. However, please note that because this is a pilot study, the sample size will not be restricted to 72 participants if more people express their interest in participating.

**12. Data Linkage:**

12.1 What linkages are planned or anticipated?

The baseline survey will include a question asking for a contact email address so that the researchers can (1) inform participants on what condition they have been allocated to, (2) provide instructions on how the online intervention can be accessed, (3) send once-weekly reminder emails, (4) send participants the post-assessment questionnaire and (5) send participants the vouchers ($25 per follow-up assessment). It will be emphasized that the email contact is to be used for these purposes and that the email details will be deleted from all datasets at the end of the data collection phase (once all data have been linked across Phases) to re-anonymise data prior to analysis. At this stage, we will not be able to identify individual cases of data.

**13. Outcome measures:**

13.1 Please describe your outcome measures

Primary Outcome: Body Shape Questionnaire total score

Secondary outcomes: Binge eating frequency, positive body image, eating, shape and weight concerns, dietary restraint, mental health functioning, motivation to change, attitudes towards digital interventions, help-seeking intentions.

**14. For research involving an unapproved therapeutic good (such as a drug, device or biological):**

14.1 Does this project involve an unapproved therapeutic good requiring a Clinical Trial Notification (CTN)? (See the [Clinical Trials webpage](https://www.deakin.edu.au/students/research/research-support-and-scholarships/integrity-secure/clinical-trials) for more information about CTNs)

Yes – go to the next question.

No – skip to Section 15 (results, outcomes and future plans)

14.2 Is Deakin intended to be the Sponsor?

Yes – go to the next question

No – skip to Section 15 (results, outcomes and future plans)

14.3 If Deakin is intended to be the Sponsor and the research requires a Clinical Trial Notification (CTN), has the CTN, Clinical Trial Sponsorship Request Form and Protocol been submitted to [research-integrity@deakin.edu.au](mailto:research-integrity@deakin.edu.au) for assessment?

Yes – assessment completed and the CTN must now be submitted to the Therapeutic Goods Administration (TGA) by Deakin (as Sponsor). Please attach evidence of assessment and the CTN form. You will be contacted by the Human Research Ethics Office regarding submission of the CTN to the TGA.

If not, please submit the draft CTN, Clinical Trial Sponsorship Request Form and Protocol to [research-integrity@deakin.edu.au](mailto:research-integrity@deakin.edu.au) for assessment before submitting this application to DUHREC. See the [Clinical Trials webpage](https://www.deakin.edu.au/students/research/research-support-and-scholarships/integrity-secure/clinical-trials) for further information. The Clinical Trial Sponsorship Request Form can be requested by contacting [research-integrity@deaknin.edu.au](mailto:research-integrity@deaknin.edu.au).

14.4 What is/are the drug(s) and/or device(s):

* Approved name
* Trade name (if any)
* Manufacturer
* Supplier of drug/device (e.g. manufacturer/pharmacy)
* Approved therapeutic indication, dosage/duration in Australia
* Believed mode of action
* Dosage regimen
* Mode of excretion
* Known adverse events
* Known contra-indications or warnings
* If arrangements have been made for a Pharmacy Department to receive or dispense the drugs involved in this project, explain how the drugs will be received and dispensed for the purposes of the research project

**15. Results, Outcomes and Future Plans:**

15.1 Please outline your plans for return of results of research to participants – include an ethically defensible plan in accordance with National Statement [3.1.65](https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#toc__438) or [3.2.15](https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#toc__725) or [3.3.36-3.3.61](https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#toc__826), as appropriate.

Participants may get in contact with the researchers if they wish to obtain a report of the findings. All findings will be presented at the group level, and no individual results will be presented. This was made clear in the PLS.

15.2 Please describe your plans for dissemination and publication of project outcomes

The findings will be published in an academic journal and may be presented at an academic conference.

15.3 Please list other potential uses of the data at the end of the project

There will be no other uses of the data (other than what was stipulated in this application) at the end of this project.

15.4 Please detail the project closure processes

A final report will be sent to the research ethics office detailing the closure and outcomes of this project. We will delete all data off Qualtrics once it is transferred to a Deakin preferred server.

15.5 Please outline your plans for sharing and/or future use of data and/or follow-up research

Only the investigators listed in this application will have access to this data. We do not intend to use this data in the future other than for the purposes stipulated in this application. Any follow-up research will involve new participants, a new design, and a new ethics application.

15.6 Please describe any anticipated secondary use of data

We do not anticipate any secondary use of the data.

**DECLARATION AND SIGNATURES**

I/We, the undersigned declare that the information supplied in this application (including the attached original application) is true and accurate to the best of my/our knowledge.

I/We the undersigned have read the *National Statement on Ethical Conduct in Human Research* and accept responsibility for the conduct of the project detailed in this application in accordance with the principles contained in the Statement and any other conditions laid down by Deakin University Human Research Ethics Committee.

I/We the undersigned, declare that where the research project may involve contact with a child or young person under the age of 18, I/we have a current Working with Children Check.

**Principal investigator**

Name: **Dr. Mariel Messer**

Human Ethics Quiz (please complete the appropriate box below):

successfully completed the Human Ethics Quiz (compulsory for Deakin staff and students)

exempt from completion of the Quiz due to prior inclusion on an ethics application at Deakin. *Please indicate HEAG or DUHREC Project ID: HEAG-H 02\_2021*

Signature: **Text

Description automatically generated** Date: **24/05/2023**

**Associate investigator:**

Name: **Dr. Jake Linardon**

Affiliation (please select from the drop-down list by clicking on ‘Choose an item’): Choose an item.

Human Ethics Quiz (please complete the appropriate box below):

successfully completed the Human Ethics Quiz (compulsory for Deakin staff and students)

exempt from completion of the Quiz due to prior inclusion on an ethics application at Deakin. *Please indicate HEAG or DUHREC Project ID: HEAG-H 02\_2021*

external researcher (exempt from completing the Quiz)

Signature: **** Date: **24/05/2023**

**Associate investigator:**

Name: **Associate Professor Elizabeth Westrupp**

Affiliation (please select from the drop-down list by clicking on ‘Choose an item’): Choose an item.

Human Ethics Quiz (please complete the appropriate box below):

successfully completed the Human Ethics Quiz (compulsory for Deakin staff and students)

exempt from completion of the Quiz due to prior inclusion on an ethics application at Deakin. *Please indicate HEAG or DUHREC Project ID: HEAG-H 188\_2022*

external researcher (exempt from completing the Quiz)

Signature: **A signature on a white background

Description automatically generated with medium confidence** Date: **24/05/23**

**Associate investigator:**

Name: **Professor Matthew Fuller-Tyszkiewicz**

Affiliation (please select from the drop-down list by clicking on ‘Choose an item’): Choose an item.

Human Ethics Quiz (please complete the appropriate box below):

successfully completed the Human Ethics Quiz (compulsory for Deakin staff and students)

exempt from completion of the Quiz due to prior inclusion on an ethics application at Deakin. *Please indicate HEAG or DUHREC Project ID: HEAG-H 02\_2021*

external researcher (exempt from completing the Quiz)

Signature: **A picture containing text, screenshot, black, line

Description automatically generated** Date: **24/5/23**

**Please copy and paste the above for each additional associate investigator.**

**\***All research staff involved in the project must sign the project description/protocol. Please add additional signatures blocks as required.

**ACKNOWLEDGMENT OF HEAD OF SCHOOL/DIRECTOR OF RESEARCH\*\***

I, the undersigned, acknowledge that the School/Faculty/Institute has considered and approved the academic worth of the project described in this application.

Name: Click or tap here to enter text.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

\*\*If the Head of School (or similar) is also a member of the research or supervisory team, a more senior member of University staff e.g. Dean or Associate Dean (Research), must sign the project as authorising officer.

A Project Description is a **mandatory** component of a submission using the

Human Research Ethics Application (HREA).

Please submit all documents via direct email to <[research-ethics@deakin.edu.au](mailto:research-ethics@deakin.edu.au)>.

Deakin University is collecting your personal information on this form for the primary purpose of processing your human research ethics application. It will also use this information for monitoring your compliance with the approved protocol. For these purposes Deakin may also provide this information to potential research participants, past or current research participants, or other interested parties in your research. You are not required to provide the information requested, however if the information is not provided, Deakin may not be able to process your ethics application. Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic). Deakin’s Privacy Policy may be viewed on Deakin’s [Policy Library](https://policy.deakin.edu.au/?_ga=1.41072994.1915361819.1415758364). Information on privacy at Deakin is available at <http://www.deakin.edu.au/footer/privacy>.  Questions about privacy may be directed to the Privacy Officer on (03) 5227 8524 or by email to [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au).