Human Research Ethics Committee

PROGRESS REPORT FORM

*** Submission Instructions ***

• **Students:** The **CHIEF INVESTIGATOR** must sign this form.

• **Applications reviewed by the HREC (Medical Sciences) and HREC (Human Sciences and Humanities):** Submit your completed form to ethicsannualreports@mq.edu.au.

• **Applications reviewed by a Human Ethics Faculty Sub-Committee:** Submit your completed progress report form to the relevant Faculty Subcommittee administrator:
  - Faculty of Human Sciences: fhs.ethics@mq.edu.au
  - Faculty of Science and Engineering: fse.ethics@mq.edu.au
  - Faculty of Medicine and Health Sciences: muhsc.ethics@mq.edu.au
  - Faculty of Arts: artsro@mq.edu.au
  - Faculty of Business and Economics: fbe-ethics@mq.edu.au
  - MGSM: ethics@mgsm.edu.au
  - PACE: pace.ethics@mq.edu.au

Please answer all questions and use lay terms wherever possible.

1. **PROJECT TITLE:** (please complete question 6 and submit a Request for Amendment form if the project title has changed since last progress report or initial submission of the application):

2. **REFERENCE NO.:**

3. **CHIEF INVESTIGATOR:**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff No. (<em>mandatory</em>):</td>
</tr>
<tr>
<td>Position held:</td>
</tr>
<tr>
<td>Department &amp; Faculty:</td>
</tr>
<tr>
<td>Tel. No.: (work)</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
</tbody>
</table>
4. **STUDENT INVESTIGATOR (IF APPLICABLE):**

Please copy and paste this table to list more students.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Staff No.:</td>
<td></td>
</tr>
<tr>
<td>Department &amp; Faculty:</td>
<td></td>
</tr>
<tr>
<td>Tel. No.: (work)</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

5. **DATE of initial approval:** [___] (dd/mm/yyyy)

Have you provided a Progress Report annually from the date of initial approval?

- [ ] Yes  [ ] No

If **NO**, please explain.

6. Have any changes to the project been made that have NOT been approved by the HREC (e.g. changes in procedure or personnel, project title etc.)?

- [ ] Yes  [ ] No

If **NO** please go to question 7.

If **YES**, please complete a Request for Amendment Form

7. Have any ethical concerns or difficulties arisen during the course of this project?

- [ ] Yes  [ ] No

If **YES**, describe the ethical concerns or difficulties and any adverse effects on participants, and steps taken to deal with these:


8. During the course of the project, have you complied with all conditions of approval?  
☐ Yes ☐ No  
Please explain what conditions have not been met and why:  

9. The following questions relate to the research data storage arrangements, and the maintenance of its confidentiality and security:  

(a) Will the data be secured as listed in the initial HREC application (Item 6.9) and retained for a minimum of 5 years?  
☐ Yes ☐ No  
If NO, please provide details:  

(b) Will anyone else have access to the data besides those listed in the application (Item 6.10) or in any approved amendments?  
☐ Yes ☐ No  
If YES, please provide details:  

(c) Are there plans to destroy the data which were not mentioned in the initial application?  
☐ Yes ☐ No  
If YES, please provide details:  

10. DECLARATION:  

I confirm that this project is being conducted in a manner that conforms in all respects with the National Statement on Ethical Conduct in Human Research (2007), all other relevant pieces of legislation, codes and guidelines and the procedures set out in the original protocol.  

<table>
<thead>
<tr>
<th>Chief Investigator/Supervisor:</th>
<th>Student Investigator (If applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed:</td>
<td>Signed:</td>
</tr>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>