



# Application to Conduct Research within St John WA (SJWA)

(Version: October 2025)

Based on the WA Department of Health (DoH) "Application for Data" – Form DS001 – Version April 2024

## Before you begin:

**This form needs to be completed in one sitting. A copy of this form is available on the SJWA Research Webpage to help you prepare for the following questions.** This online form contains nine sections (sections: A to I) and should take approximately 30 minutes to complete.

This application form is for use by researchers proposing to conduct a research project involving St John WA (SJWA) patients, Volunteers, staff and/or data. Before completing this form, you should contact [research@stjohnwa.com.au](mailto:research@stjohnwa.com.au) to discuss the proposed project. This will help to reduce delays in the application process, which can be caused by incomplete or inappropriate applications, or applications for topics which are already being studied. SJWA encourages collaborative research projects. It is expected that at least one approved, senior SJWA team member is included as a co-investigator for projects requiring significant use of SJWA patients, Volunteers, staff and/or data. SJWA may choose to nominate an appropriate staff member/s if required.

Before you start this application, please read the associated Instructions to Applicants Guideline from the SJWA Research Webpage. If **human research ethics committee (HREC)** approval is required for your research, this should be sought and approved prior to completing this application form and submitting to SJWA.

## On completion of the online form:

You will receive an acknowledgement email with your unique reference number. Please include this in any future correspondence. Our Research Administration Team will review your application to confirm it meets the requirements to progress to the Research Governance Committee for final approval. You may be requested to send additional documents via email e.g. HREC approval, budget, consent forms etc.

Once approved by the Research Governance Committee, you will receive a confirmation email with details on how to complete a **Confidentiality Agreement** and **Data Sharing Agreement**. These documents need to be finalised prior to the provision of any SJWA data or resources.

## Section A: Project Information

### 1. Project Title

### 2. Submission Date

 

### 3. Submission Version

Sequentially number each application form version that is submitted for RGC review

### 4. Submitted By Name

**5. Submitted By Email Address**

**6. Consent to publish project information on SJWA research hub website:**

Do you provide consent for some research project information, such as the project plain language summary and contact investigator name, to be published on the St John WA and / or Council of Ambulance Authorities website?

☐ Yes

☐ No

## Section B: Your Research Team

### 7. Chief Investigator Title, Name, Position, Scopus/ORCID, Responsibility:

This must be the person who has overall responsibility for the management of the project and must not be a student. The Chief Investigator must read and understand the legal declarations at the end of this form. Submission of the form confirms acknowledgment and agreement with these declarations.

*e.g. Dr. Jane Bloggs, Lecturer, **ORCID**: 0000-0001-6248-7705*

### 8. Chief Investigator Organisation & Contact Details

Please include phone number and email contact details

*e.g. University of Excellence, +61 047 123 1234, [jane.bloggs@excellence.edu.au](mailto:jane.bloggs@excellence.edu.au)*

### 9. Responsible Investigator Title, Name, Position, Scopus/ORCID, Responsibility:

The person responsible for conducting the project and answering questions. If this is a student project, please provide the student's information

*e.g. Mr. John Bloggs, PhD Candidate, **Scopus ID**: 56293684900*

### 10. Responsible Investigator Organisation & Contact Details

Please include phone number and email contact details

*e.g. University of Excellence, +61 047 123 1234, [john.bloggs@excellence.edu.au](mailto:john.bloggs@excellence.edu.au)*

### 11. Name, Title, Position and Affiliation of Co-Investigators

*e.g. Prof. Joe Bloggs, Lecturer, University of Excellence, Perth*

### 12. Do any researchers have conflict(s) of interest or financial interest to declare in relation to this research or its outcomes, or with any relevant affiliations?

☐ Yes

☐ No

13. If YES, please provide precise details including the researcher identity

*Conflicts of interest can include commercial, financial, and intellectual*

## Section C: Your Research Environment

### 14. Primary Organisation Responsible for Application

List the primary organisation and locations where the research will be conducted, data analysed and stored

*(Please specify department at institutions, address, building names/numbers).*

### 15. Type of Primary Organisation

*Select all that apply*

- ☐ WA Department of Health / WA Health
- ☐ A state department or agency other than Department of Health (e.g. other state government department or public university)
- ☐ A non-governmental organisation (e.g. private hospital, medical research institute, private university)
- ☐ Commonwealth department or agency
- ☐ Other

### 16. Are funds planned for this project?

*One option required*

- ☐ Yes
- ☐ No

### 17. If funds are planned for this project, provide the funding source (*Heart Foundation, NHMRC etc.*), the amount, year awarded and whether the funds are available or pending?

*e.g. NHMRC Ideas Grant, \$350,000, awarded in 2025, funds available*

### 18. If funds are not planned for this project, explain how the funding shortfall will be met or dealt with to support the research

## Section D: Your Proposal Information

### 19. Relationship to other projects: Indicate whether the project is...

*One option required*

- ☐ A new stand alone project
- ☐ Related to other previously SJWA **approved** research project (i.e. a follow up study)

### 20. If related to a previously approved project, provide title(s) for the other project(s)

### 21. Project Plain Language Summary

*(Avoid highly technical terms, medical terminology and abbreviations 50-100 words approximately)*

### 22. What best describes the research study type?

*Select all that apply*

- ☐ Clinical Trial
- ☐ Prospective Cohort
- ☐ Retrospective Cohort (or Case Review)
- ☐ Case Control Study
- ☐ Case Cross-Over Study
- ☐ Cross-Sectional Study
- ☐ Internal SJWA Research
- ☐ Quality Assurance / Quality Improvement Projects
- ☐ Feasibility / Pilot Study
- ☐ Other

### 23. If 'other' or feasibility/pilot study, provide brief details of other/larger study

**24. Does the project involve:**

*Select all that apply*

- ☐ Participants
- ☐ Collection, use or disclosure of SJWA data / information
- ☐ Drug or device trial
- ☐ None of these

**25. If involving participants, identify the targeted study cohort**

*Select all that apply*

- ☐ Paramedics
- ☐ Patients or carers
- ☐ SJWA Volunteers
- ☐ Other SJWA Staff
- ☐ Other

**26. Project Aim(s)**

*Succinctly provide the main aims of the research project*

**27. Project Background (4000 characters maximum)**

Provide a synopsis of the project background. Include the research problem or question, the rationale and benefits of the research project.

**28. Design / Methodological Summary (4000 characters maximum)**

**Please describe**

The study groups and how the groups are selected (e.g. study recruitment, selection, inclusion/exclusion criteria).

Power calculations, how many records / participants will be involved.

What data variables are required?

Any cross-over (e.g. if a cohort member appears in more than one group of interest).

The data you are requesting for each study group including any index events, look back and follow up periods, or other restrictions.

The data flow, including provision of data for linkage and role separation as applicable.

**29. Data Analysis Plan (4000 characters maximum)**

Please describe how the requested or collected data will be analysed to address each research aim(s). What are the statistical approaches?

**30. What is the planned project duration**

Provide the anticipated start and end date for the research project (DD/MM/YYYY)

*e.g. Start Date: 02/04/2025 End Date: 02/04/2026, 1 Year Duration*

**31. Do you have project deadlines to bring to our attention?**

Every effort will be made to deliver your data within the requested timeframe, pending project complexity and existing workloads.

☐ Yes

☐ No

**32. Please provide details of project deadlines below, including specific dates**

## Section E: Data Request, Participant Consent & Data Security

### 33. Comment on your compliance with Section 95A of the Privacy Act 1988 and the Australian Privacy Principles and if a waiver of consent is being sought or is required.

Requests for SJWA data release needs to be considered in line with Section 95A of the Privacy Act 1988 and the 13 Australian Privacy Principles. These frameworks support those involved in conducting research and the compilation or analysis of statistics or health service management, to weigh the public interest in research or the compilation or analysis of statistics, or health service management activities against the public interest in the protection of privacy. Furthermore, they govern standards, rights and obligations around, the collection, use and disclosure of personal information, an organisation or agency's governance and accountability, integrity and correction of personal information, and the rights of individuals to access their personal information. Refer to the NHMRC Section 95A Flowchart to determine if your research project requires consent, a waiver of consent or an opt-out approach.

**Please provide a response around how your data request is compliant with these guidelines, and whether your proposed research or the compilation of analysis of statistics, or proposed activity is relevant to public health or public safety. Please address whether a waiver of consent is being sought** (Refer to National Statement paragraphs 2.3.9-2.3.12).

Section 95A of the Privacy Act 1988 and Flow Chart

<https://www.nhmrc.gov.au/about-us/publications/guidelines-approved-under-section-95a-privacy-act-1988>

13 Australian Privacy Principles

<https://www.oaic.gov.au/privacy/australian-privacy-principles>

### 34. Data Request / Collection: Does the project data collection involve...

*Select all that apply*

*(Please note a privacy impact assessment may be required for projects requesting identifiable or re-identifiable data)*

- ☐ **Survey(s)** – refer to Research Application Guidelines Appendix
- ☐ **Interviews / focus groups** – refer to Research Application Guidelines Appendix
- ☐ Access to **de-identified SJWA data** (refer to NHMRC Guidelines for Definitions)
- ☐ Access to **identifiable SJWA data** (refer to NHMRC Guidelines for Definitions)
- ☐ Additional collection of **study specific data** (e.g. a form to be completed by paramedics or patients)
- ☐ Retrieval of full **SJWA Electronic Patient Care Records**
- ☐ Retrieval of **000 call data** (i.e. recordings)
- ☐ Not applicable
- ☐ Other

**35. Requesting Personal Information:**

Personal information is defined in the *Freedom of Information Act 1992* (WA) as information or an opinion, whether true or not, and whether recorded in a material form or not, about an individual, whether living or dead: (a) whose identity is apparent or can be reasonably ascertained from the information or opinion; or (b) who can be identified by reference to an identification number or other identifying particular such as a fingerprint, retina print or body sample. If information is personal, consideration must be given as to whether the information can be collected, accessed, used and/or disclosed lawfully. If it is reasonably possible for a data recipient to identify individuals using other linked information they possess then this is considered personal information under (b).

**Please indicate the identifiability of the data you are requesting:**

- ☐ **Non-Personal** (The information is not personal information: it is not identifiable nor reasonably re-identifiable)
- ☐ **Reasonably Re-Identifiable** (It is reasonably possible for the identity of an individual to be ascertained from the information itself or using other information the recipient possesses or has access to. Reasonably identifiable information is personal information)
- ☐ **Personal Identifiable Information** (The identity of an individual is apparent. If you select 'yes' to any of the fields in the Personal Information Variables list below, the information may be considered identifiable)
- ☐ **Not applicable**

**36. Personal Information Variables:** Specify if you require any of the following information in your data

- ☐ Participant names
- ☐ Participant full addresses
- ☐ Participant full dates of birth (dd/mm/yyyy)
- ☐ Participant identifiers (e.g. SJWA number, age, gender)
- ☐ Clinician or health service provider identifications
- ☐ Individual hospital / healthcare institution identifications
- ☐ Geo-coded points (longitude and/or latitude)
- ☐ Not applicable
- ☐ Other

**37. If applying for the release of this personal information above, please describe why non-identifiable information cannot be used**

**38. Participant Consent:**

Will consent be sought from participants for the use and disclosure of their information from the data collections?

- ☐ Yes
- ☐ No

**39. If no, briefly explain why consent will not be sought or is not required**

40. If yes, briefly explain your consent procedure

41. **What is your Data Security Plan?**

Please describe the Data Security Plan for the protection of the information provided by St John WA, or the information to be received from persons contacted as a result of St John WA's actions. The Security Plan should specify the measures that will be taken to protect the information from misuse, loss or unauthorised access during the research project (see WA DoH **Research Governance Procedure** Section 16.4 and **WA Department of Health Information Security Policy**).

*Please address the Technological and Physical Security.*

42. Does your security, retention and disposal plan comply with the WA Department of Health (DoH) **Information Retention and Disposal Policy**, **Research Governance Procedure Section 16.4** and **Information Storage Policy**

☐ Yes

☐ No

43. If NO, please explain why not:

## Section F: Human Research Ethics Committee Approval

44. **Does your project have Human Research Ethics Committee (HREC) approval to access SJWA data, staff, paramedics, Volunteers or patients?**

- ☐ Yes
- ☐ No
- ☐ No, but currently under HREC review
- ☐ Not required

45. If NO or Not Required, please justify, or clarify the status while identifying the relevant HREC

46. If YES, list the other approvals required and the current status of applications for approval

*Copies of each approval will be requested after submission of this document:*

47. **Do you consider this research project to be low, medium or high risk for SJWA staff, patients, paramedics or Volunteers?**

- ☐ Low Risk
- ☐ Medium Risk
- ☐ High Risk

48. **Comment on the potential risks for the project, how these will be mitigated, and what procedures are in place to manage, monitor and report any adverse or unforeseen events**

## Section G: Impact to St John WA (SJWA)

49. **Describe how the research may benefit SJWA patients, paramedics, staff or Volunteers, or the organisation**

50. **Explain the expected outcomes and how findings will be disseminated, e.g. report, publication, conference, PhD thesis. Also describe how SJWA will be involved in the review of study results, and what will be offered in terms of authorship and recognition**

Note: Final drafts of all reports, publications and presentations must be sent to the data custodians, SJWA co-investigator and/or [research@stjohnwa.com.au](mailto:research@stjohnwa.com.au) for comment at least two weeks prior to dissemination.

51. **Describe how participant confidentiality will be maintained in the dissemination of results**

Note: You should acknowledge the requirement to ensure information presented in publications is not identifiable including suppressing cells where low counts may reidentify individuals.

52. **Describe the proposed ownership of the study results**

Describe the proposed ownership of research data and study results, particularly in relation to SJWA and in reference to the NHMRC Management of Data and Information in Research: A guide supporting the Australian Code for the Responsible Conduct of Research.

Institutional policies should clarify the criteria that will be used to determine the status of research data and primary materials in these circumstances. Institutional policies should cover cases where researchers move between institutions or employers and where research data are held outside of Australia. Projects which form part of a body of study (e.g. PhD), are still expected to involve an appropriate SJWA team member as a co-investigator.

53. **Provide a detailed statement of what would be required of SJWA personnel**

This may include data extraction, data linkage, staff participation. If the proposal involves paramedics, please include details of any training requirements and time commitment below.

**54. Analysis of likely financial costs for SJWA**

SJWA have adopted a cost recovery model for external research data requests which are supported by funding. Please refer to Research Application Guidelines for additional information.

*Attach a project budget to this application which outlines SJWA specific information*

*Have you included...*  
*(Select all that apply)*

- ☐ SJWA Administrative Costs
- ☐ SJWA Participant Reimbursement
- ☐ SJWA Specific Intervention Costs (e.g. Drug/Equipment)
- ☐ Not applicable

## Section H: Declarations

55. Submission of this form confirms that the Applicant/Chief Investigator acknowledges that they have read, understood and agree to each selected clause

*Please tick all that apply*

- ☐ All information in this application is truthful and as complete as possible
- ☐ The project will be conducted in accordance with the ethical and research arrangements of the organisations involved
- ☐ I have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these
- ☐ I recognise that unit record data from SJWA is confidential information and that I am responsible for ensuring that the information will be kept confidential
- ☐ The information provided for this project by SJWA will only be used for the project outlined in this application
- ☐ The project will be conducted in accordance with the protocol and conditions approved for this project and in accordance with the provisions of the WA Department of Health Information Security Policy
- ☐ I will make available all resulting draft manuscripts, reports or other presentation based on the analysis of SJWA data in this application to the SJWA co-investigator and/or Research Governance Committee Chair, thereby allowing SJWA the opportunity to review and respond within 14 days (2 weeks)
- ☐ I will provide SJWA with an electronic copy of all publications of results of analysis as they become publicly available
- ☐ I will acknowledge SJWA in any publications, reports or presentations resulting from this application
- ☐ I agree to submit annual reports as required by the SJWA Research Governance Committee
- ☐ I agree to submit the SJWA Confidentiality Agreement and Data Sharing Agreement if my application is approved

### 56. Supervisor/s of Student/s.

Please tick the boxes to indicate that you have read, understood and agree to each clause.

- ☐ I/we will provide appropriate supervision to the student to ensure that the project is undertaken in accordance with the undertakings above
- ☐ I/we will ensure that any necessary training is provided to enable the project to be undertaken skillfully and ethically

## Section I: Application Check List

### 57. Application Check List

*Select all that apply*

- ☐ Have you contacted SJWA to discuss your project?
- ☐ Have you answered all relevant sections in the application form?
- ☐ Is a SJWA staff member listed as a co-investigator?
- ☐ Have you calculated the paramedic / staff member time required?
- ☐ Have you prepared a detailed project budget? (will be requested after form submission)
- ☐ Have you prepared a copy of the full research protocol / proposal? (will be requested after form submission) (see Instructions for Applicants Appendix A for a Template)
- ☐ Have you prepared surveys / questionnaires / focus group questions to be used? (will be requested after form submission)
- ☐ Have you prepared participant information / consent forms? (will be requested after form submission)
- ☐ Draft recruitment communication to be distributed to SJWA Volunteers / staff? (will be requested after form submission)
- ☐ Have you received confirmation of Human Ethics Research Committee (HREC) Application? (will be requested after form submission)
- ☐ Have you declared all conflicts of interest?

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