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| School of Psychology, UNSWRequest for Additional Participants from PSYCH 1 |
| * Complete this form if:
1. you wish to receivean additional allocation of Psych 1 participants for **a previously-approved HREAP project.** [Do NOT use this form if you are seeking approval for a new project; use the Ethics Approval Application Form.]
2. you wish to receive an allocation of Psych 1 participants for **an HREC-approved project.**

 [Attach a copy of the approval letter from HREC]**•** Submit completed form as a separate Word document, and any additional attachments as a single pdf to the Compliance Checker for your lab or research group (zip files, and multiple attachments will be returned unprocessed).

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| **HREAP File Number** | Four digit |
| **Approval Date** *(from DVC-R)*  |  |
| **Previous SONA Number** *(if known)* | If requesting a new SONA number state that here |
| **Project Title** |  |
| **Name of Researcher**  |  |
| **Researcher’s email address**  |  |
| **Name of Supervisor** *(if applicable)* |  |
| **Supervisor’s email address** *(if applicable)* |  |

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| Request for Allocation of Psychology 1 Participants (cont.) | PART 1 | PART 2*[Only fill out this column if the study spans two sessions]* |
| Duration (in 15 min increments – minimum: 15 minutes) *If more than 1 hour, attach justification.* |  |  |
| Requested credit per participant (in 0.25 point increments – minimum: 0.25 point; for multi-part studies, provide credit for each part, do not include homework/prework ‘additional’ credit) |  |  |
| Requested number of participants |  |
| Total requested hours (credit per participant X number of participants) |  |
| *If more than 100 hours, provide justification here.* |
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| Preparation instructions [Optional. Indicate tasks participants will need to do or not do prior to arriving at the study.] |
| Eligibility criteria [Optional. Note, this is *not* based on pre-screening.] |
| [ ]  Tick this box if *either/both* Part 1 and Part 2 of your study will run online.[ ]  Tick this box if your study has Pre-Screening Criteria\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please answer the following questions (if your project does not involve face-to-face data collection, please answer N/A to the Physical Distancing items):• My project will comply with the policy for **Human Testing (Physical Distancing Possible) [ ] YES [ ] N/A****•** My project will comply with the policy for **Human Testing (Physical Distancing Not Possible) [ ] YES [ ] N/A****•** Participants will indicate their consent electronically (no written signature required) **[ ] YES [ ] NO** |
| Brief description of study, indicating the overall purposes and what the participants will be asked to do: [Required. Strictly no more than 245 characters (including spaces and punctuation). If your study is a two-part study you must include this fact in the 245 characters. Student participants will view this information before signing up for the study.] Your application will be returned to you and may encounter a two-week delay if your description exceeds the 245-character limit, as indicated below:**Character count (including spaces and punctuation) \_\_\_\_\_\_**[ ]  Tick this box to declare that your description contains 245 characters or fewer.[ ]  Tick this box to declare that the above is the HREAP-C or HREC approved wording and does not contain any variations.  |

Psychology 1 Mandatory Debriefing Questions

1. What are the research questions?
2. How does this study extend previous research on this topic?
3. What are some potential real-world implications of this research?
4. Briefly describe a potential issue (e.g., ethical, practical) or limitation of the study (e.g., design, ecological validity).
5. Briefly describe the study methodology (e.g., design, dependent/ independent variables, materials).
6. Further reading (i.e., a reference to a reading/s related to the current study for curious students).

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| Click to answer debriefing questions here |

Approved HREAP Convenor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Head of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_