



# Research Experience Program Application

Please complete this form and submit along with a copy of ethics clearance documentation, and a copy of the debriefing statement.

Researcher 1 Details	Researcher 2 Details
Name:	Name:
Family Name:	Family Name:
Student or Staff ID	Student or Staff ID
Email Address:	Email Address:
Phone:	Phone:
Office:	Office:

Researcher 3 Details	Researcher 4 Details
Name:	Name:
Family Name:	Family Name:
Student or Staff ID	Student or Staff ID
Email Address:	Email Address:
Phone:	Phone:
Office:	Office:

Principal Investigator Details	
Name:	Family Name:
Student or Staff ID	Email Address:
Phone:	Office:

## Study Information

### Select Study Type

<input type="checkbox"/>	Standard Study
<input type="checkbox"/>	Two-Part Standard Study
<input type="checkbox"/>	Online Survey Study
<input type="checkbox"/>	Online External Study (if you choose this option you need to provide URL

URL: \_\_\_\_\_

Study Name: \_\_\_\_\_

Category of study : N Or NQ: \_\_\_\_\_





**REP Submission Checklist**

(All boxes should be initialled where relevant. Please provide with accompanying documentation to Marianela Delgado – 12<sup>th</sup> Floor, Redmond Barry Building)

Date of Submission: _____	Initial
1. Are you a member of Melbourne School of Psychological Sciences Academic Staff? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
2. If a student is requesting REP pool access, what is the relationship between student and supervisor for this research project (e.g. honours supervisee,  <input style="width: 600px; height: 40px;" type="text"/>	<input type="checkbox"/>
3. Is the student enrolled in a Melbourne School of Psychological Sciences degree program? Yes <input type="checkbox"/> No <input type="checkbox"/>  <input style="width: 600px; height: 40px;" type="text"/>	<input type="checkbox"/>
4. Has ethics approval via MSPS been obtained?  HEAG approval # <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>
5. Did your ethics approval letter specify use of REP? (include application, please <u>highlight</u> this portion in the documentation and specify number) page # <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>
6. Are the title and investigators on the REP and ethics application consistent? <i>If different scientific and advertising titles were approved in your ethics application, you may list the advertising title in your advert.</i>	<input type="checkbox"/>
7. Are numbers of REP participants on both applications consistent?  8. # of REP participants <input style="width: 60px; height: 20px;" type="text"/> Page # where specified <input style="width: 30px; height: 20px;" type="text"/> Please <u>highlight</u> this portion in the document	<input type="checkbox"/>
Have you obtained permission to include underage (<18 years) participants?  Yes <input type="checkbox"/> No <input type="checkbox"/> If so please attach a consent form specifically for this purpose. Note that projects are strongly encouraged to include underage students unless there is compelling reason not to do so.	

9. Was ethics approval obtained for online recruitment? Page # <input type="checkbox"/> Please <u>highlight</u> this portion in the documentation.	<input type="checkbox"/>
10. Do you affirm that you will not post your advert for participants until you have received official REP approval? <input type="checkbox"/>	<input type="checkbox"/>
11. Do you affirm that you will not recruit more than the number of participants that has been approved by REP? <input type="checkbox"/>	<input type="checkbox"/>
12. Do you affirm that a member of the research team will be present for all REP appointments for which participants have signed up? <input type="checkbox"/>	<input type="checkbox"/>
13. Do you affirm that if the researcher fails to show for an REP appointment, they will grant credit to the student for the research hours? <input type="checkbox"/>	<input type="checkbox"/>
14. Are you using some of your REP hours for another project this semester?  Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Signature of Submitter \_\_\_\_\_ Name: \_\_\_\_\_

Signature of REP Admin \_\_\_\_\_ Name: \_\_\_\_\_

Signature of REP Convenor \_\_\_\_\_ Name: \_\_\_\_\_