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## Application for approval to conduct special medical research or experimental health care

Refer to the attached instructions prior to filling out this form

### Part A APPLICATION DETAILS

What are you applying for?

Special medical research

Experimental health care

### Part B APPLICANT (individual researcher or research entity)

Name

Address

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

Professional Qualification

### 1. Provide a brief description and background of special medical research or experimental health care.


**2. Does the special medical research or experimental health care relate to a condition the Adult has or to which the Adult has a significant risk of being exposed?**

Yes - please provide details

No

**3. Has the special medical research or experimental health care been approved by an ethics committee? (please attach a copy of the ethics committee approval)**

Yes - what is the name of the ethics committee?

No

**4. Is the special medical research or experimental health care intended to gain knowledge that can be used in the diagnosis, maintenance or treatment of a condition the Adult has or has had?**

Yes - please provide details

No

**5. How will the proposed special medical research or experimental health care affect the Adult's quality of life?**

**6. Will the special medical research or experimental health care involve any known substantial risk or inconvenience to the Adult?**

**OR**

**If there is existing health care for the particular condition will the special medical research or experimental health care involve known material risk to the Adult greater than the risk associated with the existing health care?**

Yes - please describe risk or inconvenience

No - why is there no known substantial or material risk?

**7. Will the special medical research or experimental health care result in a significant benefit to the Adult or others with the condition?**

Yes - please provide details

No - please provide details

**8. Can the potential benefit from the special medical research or experimental health care research be achieved in another way?**

Yes - please provide details

No - please provide details

**9. Can the special medical research or experimental health care reasonably be carried out without a person who has or has had the condition taking part?**

Yes - please provide details

No - please provide details

**10. Will the special medical research or experimental health care unduly interfere with the Adult's privacy?**

Yes - please provide details

No - please provide details


**11. Is the special medical research or experimental health care part of a multi-centre trial?**

Yes - please advise the names of the other Queensland centres participating in the trial

No


**12. Has the special medical research or experimental health care already been approved by a Tribunal in another Australian State or Territory?**

Yes - please provide details

No


**13. What is the proposed duration of the special medical research or experimental health care?**

*Days*

*Weeks*

*Months*

*Years*

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**Part C**

**PERSON THIS APPLICATION IS ABOUT** (referred to as 'the Adult')  
*(full contact details must be supplied)*

**Name**

Title                      Given name/s                      Middle name/s                      Surname/Family name

**Gender**                      Male                      Female

**Date of birth**                      /                      /  
Date                      Month                      Year

**Marital status**

**What is the Adult's cultural background**

**Is the Adult of Aboriginal or Torres Strait Islander origin?**

No                      Yes, Torres Strait Islander  
Yes, Aboriginal                      Yes, both Aboriginal and Torres Strait Islander

**What is the Adult's current address?**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

**What is the Adult's usual address? (if different)**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

## 1. Decision-making capacity

What is the cause of the Adult's impaired capacity?

dementia (mental confusion due to a condition such as Alzheimer's disease, senility or some other degenerative disease)

psychiatric disability/mental illness (a diagnosed condition such as schizophrenia or bi-polar affective disorder)

intellectual disability (a condition that has affected the person since birth or early childhood)

acquired brain injury or cognitive disability (as a result of accident, illness or other causes)

drug or alcohol related

other (any other condition that reduces the ability to make decisions about personal or financial matters, please specify below)

## 2. Adult's capacity to make decisions

The *Guardianship and Administration Act 2000* defines 'capacity' in Schedule 4. Please provide an opinion about the Adult's capacity to make decisions about the matter of special medical research or experimental health care.

The Adult:

Yes

No

- Can understand the nature and effect of decisions about the matter?
- Can freely and voluntarily make decisions about the matter?
- Can communicate the decisions in some way?

## 3. In your opinion, does the Adult have capacity to consent to participation in special medical research or experimental health care?

Yes

No

## 4. In your opinion, does the Adult have capacity to make complex decisions about health care?

Yes

No

**Part D**

**CURRENT DECISION-MAKING ARRANGEMENTS**

**1. Has the Adult verbally expressed views about participation in this type of health care or research?**

Yes - please provide details

No

Do not know

**2. Does the Adult object to the special medical research or experimental health care?**

Yes - please provide details

No

**3. Has the Adult made an advance health directive recording personal views about participation in this type of health care or research?**

Yes - please provide details

No

Do not know

**4. Has the Adult made an enduring power of attorney recording personal views about participation in this type of health care or research?**

Yes - please provide details

No

Do not know


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**5. Is there an appointed guardian for the Adult?**

Yes - please provide details

No

Do not know


**6. Who is the statutory health attorney for the Adult?**




## CHECKLIST

I have completed all questions on the application according to the instructions.

I have attached all relevant documents.

I am ready to proceed with this application.

## WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information. Maximum penalty for such an offence – 100 penalty units.

## Sign and date here

The information in this application is true to the best of my knowledge.

Applicant/s sign here

Date

Print your name/s here

## Lodgement Details

Deliver to:	Mail to:	Email to:
Queensland Civil and Administrative Tribunal Floor 11, 259 Queen Street Brisbane Qld 4000 OR at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	<a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>

## INSTRUCTIONS FOR COMPLETING FORM 62

### Application for approval to conduct special medical research or experimental health care

The *Guardianship and Administration Act 2000* provides that the Tribunal may consent, for an Adult with impaired capacity for the special health matter concerned, to the Adult's participation in special medical research or experimental health care.

Special medical research or experimental health care for an Adult means:

- medical research or experimental health care relating to a condition the Adult has or to which the Adult has a significant risk of being exposed, or
- medical research or experimental health care intended to gain knowledge that can be used in the diagnosis, maintenance or treatment of a condition the Adult has or has had.

Special medical research or experimental health care does not include psychological research or approved clinical research.

The Tribunal may consent, for an Adult with impaired capacity, to the Adult's participation in special medical research or experimental health care only if the Tribunal is satisfied about the following matters:

- is approved by an ethics committee
- the risk and inconvenience to the Adult and the Adult's quality of life is small
- may result in significant benefit to the Adult or other persons with the condition
- the potential benefit cannot be achieved in another way
- cannot reasonably be carried out without a person who has or has had the condition taking part
- will not unduly interfere with the Adult's privacy.

**NOTE:** The Tribunal may not consent to the Adult's participation in special medical research or experimental health care if the Adult objects, or the Adult, in an enduring document, indicated unwillingness to participate in the special medical research or experimental health care.

#### Protecting your privacy

We collect your contact details to ensure QCAT proceedings comply with the *Queensland Civil and Administrative Tribunal Act 2009*. We may contact you to help evaluate QCAT operations. You do not have to participate in feedback or surveys. If you do participate, no identifying information will be published. We will not disclose your contact details or any other personal information to a third party unless required by law.