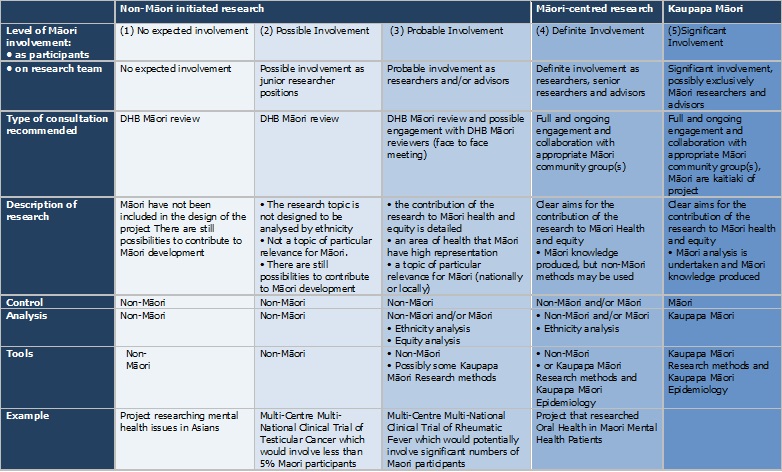
**MDHB: Māori Review for Research -** **Rangahau**

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| **Office use only** | |
|  | Your application has been endorsed |
|  | Your application is not yet endorsed. Details of further requirements are provided below. |
| Signed by the Research Support Office:    Date:  Ngā mihi maioha Kind regards | |
| Send your application when complete to email: [research@midcentraldhb.govt.nz](mailto:research@midcentraldhb.govt.nz)  You may wish to visit our website: [http://www.midcentraldhb.govt.nz/WorkingMDHB/Pages/Research.aspx#](http://www.midcentraldhb.govt.nz/WorkingMDHB/Pages/Research.aspx)  Contact: extension 8036 or 063508036 | |

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|  | | **MCH Research ID** (RSO to complete) |  |
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| **Section 1: General Information** | | | |
| Date |  | | |
| Full Title |  | | |
| Principal Investigator /MCH site lead |  | | |
| Ethnicity |  | | |
| Iwi  *If Applicable* |  | | |
| Phone |  | | |
| Email |  | | |
| **Has Māori Consultation taken place external to MCH? If yes, state with whom and include the letter of Māori Consultation.** (MCH encourages Māori consulation from their own locality or facility)   * **Yes:** * **No** | | | |
| **DOCUMENTS CHECKLIST**: Submit documents relevant to the project:   * + Research Activity form OR Low Risk Activity form   + Ethics online application form   + Ethics approval letter   + Protocol   + Participant Information Sheets and Informed Consent Forms   + Informed consent/s for human tissue collection   + Questionnaires / Surveys   + Evidence of Māori consultation external to MidCentral Health   + Any other supporting documentation relevant to the application | | | |
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| **Section 2: Māori Involvement** | | | |
| Which level of Māori Consultation is required for this study? *Refer to the Māori consultation guideline- last page*  (1) No expected Involvement  (2) Possible Involvement  (3) Probable Involvement  (4) Definite Involvement  (5) Significant involvement | | | |

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| **Section 3: Details of Research/project/study** |
| **Outline a brief of your research project:**  *type or paste text here* |
| **Research design: What type of research, study, project or trial design is your study? Multi-selection as applicable**  ***For definitions, please refer to: Standard Operating Procedures for Health and Disability Ethics Committees, version 1.0 2012*** [***http://ethics.health.govt.nz/operating-procedures***](http://ethics.health.govt.nz/operating-procedures)  Observational study  Quality Improvement  Interventional study  An audit  Post Graduate research  Multi-national study initiated outside NZ  Clinical trial  Nation wide (within NZ)  Survey  Other, *type or paste text here* |
| **Ethics status: Which option represents the current status with HDEC, University provider or other? If you are not sure whether the research requires ethics, please contact HDEC or the University you are with for their advice.**  Ethics approval gained  Applied for ethics -state where: *type or paste text here*  Will be applying for ethics approval  Not applicable: please state why *type or paste text here* |
|  |
| **Section 4: WHAKAPAPA (Geneology, Māori Identity).** |
| **Recruitment of Māori: Detail how participants are recruited, and strategies to ensure appropriate recruitment of Māori:**  *type or paste text here*  **What steps are undertaken to ensure the patient information sheet and consent forms are appropriate for Māori?**  *type or paste text here* |
| **Human Tissue collection:**  **Does this study involve the collection of tissue samples?**  No.  Yes. Please provide all details of the nature and amount of samples, storage and transport, overseas transport, method of disposal ?  *type or paste text here*  **Is the tissue collected - offered back to Māori participants as an option?**  No. please explain this option: *type or paste text here*  Yes and is part of the patient information and informed consent process.  **Is there consent forms for storage of samples for future unspecified use?**  Not applicable  Yes  **Is there consent forms for use of samples for genetic analysis?**  Not applicable  Yes |
| **Section 5: NGĀ KŌRERO**  **Dissemination of Information/findings to Māori at completion of the study** |
| Explain the plan for dissemination of information/findings to Māori, participants and whanau when the study is complete. |
| *type or paste text here* |
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| **Section 6: TIKA (Right, Just & Fair, Tika holds people to be responsible to what they say, what they do and how they do it, its about doing it in the right way)** |
| Researchers are to demonatrate within the research design/protocol that contributes to equity to Māori health development. This supports MCH strategy for Māori Health outcomes and the Ethnicity data protocol document by the MOH.  MidCentral Health recognises the Te Tiriti o Waitangi as the founding document of New Zealand and is committed to fulfilling its obligations as a Treaty partner. |
| Storing information  **Is ethnicity data collected, classified, recorded and stored as per ‘Ethnicity data protocols, 2017, authored by the Ministry of Health – please read**  [*http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector*](http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector)  Yes Explain how you will achieve this:  *type or paste text here*  **Will the study undertake an analysis of results by ethnicity?**  Yes  No, please explain this choice: *type or paste text here*  **Ideally, the proportion of Māori participants in the study ought to reflect the proportion of Māori with the health condition of interest. Provide information you expect/aim to achieve for Māori participation:**   * Total number of Māori participants expected/aiming for: *type or paste text here* |
| **Section 7: MĀTAURANGA (Education)** |
| **Researchers are to have attended or to attend Cultural Responsivness training, and or the Te Tiriti o Waitangi**  **Training at MCH or state from another provider**. This hyperlink takes you to MCH education centre these courses.  [*http://staffintranet.midcentraldhb.govt.nz/Training/Lists/Course%20Events/AllItems.aspx*](http://staffintranet.midcentraldhb.govt.nz/Training/Lists/Course%20Events/AllItems.aspx)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Name of the training attended | Attendance date | Date Booked | Attended no training  (please tick) | | *type or paste text here* | *type or paste text here* | *type or paste text here* | *type or paste text here* |  | |
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| **Section 8: MANAAKITANGA (Respect for all people and their culture, kindness, support)** |
| **Confirm the following:**  Yes: Contact details for Māori health services that support patients and whānau are provided on the patient information sheet and consent form  If No, Explain this choice: *type or paste text here*  Yes: Provision has been made for the participant’s whānau to be involved in the study  If No, Explain this choice: *type or paste text here*  Yes: Provision has been made for participants to undertake the study in te reo Māori if desired  If No, Explain this choice: *type or paste text here*  Yes: Provision has been made for appropriate tikanga Māori protocols to be carried out when required  If No, Explain this choice: *type or paste text here*    Yes: Ensure privacy and confidentiality are assured for the participants and whānau |
| **Section 9: MANA (Honour, Respect, Presence, authority, control)** |
| Research relationships are reciprocal, equitable and acknowledge the rights, roles and responsibilities of all involved. |
| **Describe the process for obtaining consent from participants and whānau involved:**  *type or paste text here*  **Describe how this research project can contribute to improving health literacy for Māori participants and whānau:** Useful reference: <http://www.hqsc.govt.nz/publications-and-resources/publication/2046/>  *type or paste text here*  **Describe how this research project can contribute to Māori research development:**  *type or paste text here*  **Describe the contribution of koha (gift) to the participants for study participation: ie; reimbursement of some or all costs, kai.**  *type or paste text here*  **Describe other provisions made in the study to ensure the cultural preferences and tikanga practices of Māori have been considered and respected:**  *type or paste text here* |

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| LEVELS OF MĀORI CONSULTATION FOR RESEARCH PROJECTS WITHIN MidCentral Health Locality |

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