# HSE Reference Research Ethics Committee Member Application Form

**Expression of Interest for membership of the HSE Reference Research Ethics Committees**

Forms must be returned with any continuation sheets to HSE Reference RECs Support and Coordination Office at HSE.REC@hse.ie Please include ‘HSE Reference REC Member EoI’ in the subject line.

**Are you applying to be** (please only tick one box)**?**

Expert member [ ]  Lay member [ ]  Patient Representative [ ]

**Are you a staff member of HSE or HSE funded S38 organisation (i.e. voluntary hospitals)?**

Yes [ ]  No [ ]

**If yes, please indicate the name of your service:**

**If you would like to apply for the role of Lay Member or Patient Representative, are you fully aware that financial compensation for your REC work is currently not possible?**

 Yes [ ]  No [ ]

**Are you, or have you been, a member of a research ethics committee?** Yes [ ]  No [ ]

**If so, please indicate the name of the committee:**

**Part 1: Your personal details**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forenames:** |  |
| **Title:** |  |  |  |

**Which address are you using** Home Address [ ]  Business Address[ ]

**for correspondence?**

|  |  |
| --- | --- |
| **Address (including Eircode):** |  |
| **Contacts** | **Email:**  |
|  | **Phone:** | **Mobile:** |

**Career history**

Please attach your two-page CV at the end of application submission and not as a separate document.

**Other Relevant Experience**

Please give any further information that is relevant to your application explaining briefly what you are able to offer as a member, highlighting work on committees, boards, or other relevant experience. Expert applicants may wish to detail their experience in research or ethics.

Patient Representatives or Lay applicants may wish to describe any involvement as a patient or carer of a patient or in research or ethics that they feel is relevant to the role. (Please continue on a separate sheet if required)

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**Motivation to Apply**

Please provide details on why you would like to be a Research Ethics Committee member. (Please continue on a separate sheet if required)

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**Part 2: Specific requirements for the role**

**Please describe an example of when you used the following skills:**

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| --- |
| 1. Read, understood, and analysed complex issues and weighed up conflicting opinions. |
| 2. Have discussed issues with people who may not agree with you, including influencing others from a range of backgrounds. |

**Part 3: References**

Please give details of two Referees. Referees do not need to be employment related but can be any person (who is not a relative) that can attest to your character. An appointment will not be offered until we have received satisfactory references.

**We will contact your referees prior to engaging with you to discuss your application unless you request otherwise. Please cross the following box if you would prefer us not to contact your referees prior to the initial conversation: ☐**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Eircode |  |
| Telephone number |  |
| Email |  |
| How do you know he/she/they |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Eircode |  |
| Telephone number |  |
| Email |  |
| How do you know he/she/they |  |

**Part 4: Declaration of Interests**

Please declare any personal, business, or professional interests, or legal impediment, that would likely interfere with your ability to play a full and proper role on an HSE Reference REC. The purpose of this declaration is to ensure that the functions of the HSE Reference REC can be exercised free of bias that could affect their independence in reaching decisions, and to ensure public confidence in the independence of the HSE Reference REC.

I have no interest to declare [ ]

I wish to declare the following interests:

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|  |

**Use of your personal information**

The HSE Data Protection Policy is in line with the requirements of the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). We will store your information for monitoring and audit purposes as follows:

* Your initial contact details will be held by the HSE for a period of at least 12 months
* If you submit an application form, the form and any supporting documentation will be held by the HSE for at least 12 months.
* Information held electronically, including your contact details and the monitoring information provided will also be held for at least 12 months.
* If you are appointed, your personal information including a copy of this application form will be retained on file by the HSE Reference REC Support and Coordination Office for the length of your appointment as a member. HSE Reference REC Member information is only accessible to staff employed by the HSE Reference REC Support and Coordination Office.
* Copies of the documentation related to your appointment will be retained electronically for seven years after the end of your service.
* In the case of an unsuccessful application, if you would like these details to be removed from our records as soon as this recruitment exercise is complete, please contact the HSE Reference REC Support and Coordination Office.

**Part 5: Declaration**

I hereby declare that the information given in my application is correct to the best of my knowledge. I understand that falsification of information contained on this form may result in my appointment as REC member being terminated.

**Signature………………………………………………**

**Date ………………****…………………**

**How did you hear about becoming a HSE Reference REC Member?**

Please indicate below how you heard about becoming a HSE Reference REC Member, this information will be useful to the HSE for future HSE Reference REC Member recruitment campaigns.

|  |  |
| --- | --- |
| HSE (R&D) Website: | [ ]   |
| Twitter: | [ ]   |
| Email: | [ ]   |
| Your Employer: | [ ]   |
| Local organisation/ Volunteer organisation: | [ ]   |
| Patient and Public Involvement Group: | [ ]   |
| Word of Month: | [ ]   |
| Advert (please provide details):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]   |
| Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]   |