Application for Cross-University Ethical Approval

1. **Research Details**

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| **Name of Researcher(s):** |  |
| **School or Professional service department:** |  |
| **Email:** |  |
| **Contact number:** |  |
| **Project Title:** |  |
| **Start Date:** |  |
| **Duration of Project:** |  |
| **Is anybody funding this research? (Amount and Source)** |  |
| **Type of Research: UG/Taught PG/Masters/Doctoral Student/ Staff** | |

1. **Screening Questions**

Please answer the following questions to identify the level of risk in the proposed project:

**If you answer ‘No’ to all questions, please complete Section 3a only.**

**If you have answered ‘Yes’ to any of the questions 6-16 please complete Section 3a and 3b.**

**If you have answered ‘Yes to any of the questions 1-5, complete all of Section 3.**

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|  | **You Must Answer All Questions** | **Yes** | **No** |
| 1. | Is the research clinical in nature? |  |  |
| 2. | Is the research in a health care setting? |  |  |
| 3. | Is the research investigating socially or culturally ‘controversial’ topics (for example pornography, extremist politics, or illegal activities)? |  |  |
| 4. | Will any covert research method be used? |  |  |
| 5. | Will the research involve deliberately misleading participants (deception) in any way? |  |  |
| 6. | Does the Research involve staff or students within the University? |  |  |
| 7. | Does the Research involve vulnerable people? (For example people under 18 or over 70 years of age, disabled (either physically or mentally), those with learning difficulties, people in custody, migrants etc). |  |  |
| 8. | Is the information gathered from participants of a sensitive or personal nature? |  |  |
| 9. | Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? |  |  |
| 10. | Have you identified any potential risks to the researcher in carrying out the research? (for example physical/emotional/social/economic risks?) |  |  |
| 11. | Is there a possible conflict of interest between researcher and participant that would affect the voluntary nature of the participation, e.g. managerial influence, Research using current students as participants? |  |  |
| 12. | Will the research require the use of assumed consent rather than informed consent? (For example when it may be impossible to obtain informed consent due to the setting for the research – e.g. observational studies/videoing/photography within a public space) |  |  |
| 13. | Is there any risk to respondents’ anonymity in any report/thesis/publication from the research, even if real names are not used? |  |  |
| 14. | Will any payment or reward be made to participants, beyond reimbursement or out-of-pocket expenses? |  |  |
| 15. | Does the research require external ethics clearance? (For example from the NHS or another institution) |  |  |
| 16. | Does the research involve the use of secondary datasets? |  |  |

**3A. Details of Project**

In this section please provide details of your project and outline data collection methods, how participant consent will be given as well as details of storage and dissemination.

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| **Please give a 300 word overview of the research project** | |
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| **Data Collection** | |
| **1.** | **Who will be the participants in the research?** |
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| **2.** | **How will you collect and analyse the research data? (please outline all methods e.g. questionnaires/focus groups/internet searches/literature searches/interviews/observation)** |
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| **3.** | **Where will the data will be gathered (e.g. in the classroom/on the street/telephone/online)** |
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| **4.** | **Please describe your selection criteria for inclusion of participants in the study** |
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| **5.** | **If your research is based on secondary data, please outline the source, validity and reliability of the data set** |
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| **Consent and Participant Information** | |
| **7.** | **How will you invite research participants to take part in the study? (e.g letter/email/asked in lecture)** |
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| **8.** | **How will you explain the nature and purpose of the research to participants?** |
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| **9.** | **How will you record obtaining informed consent from your participants?** |
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| **Data storage and Dissemination** | |
| **10.** | **How and in what format will data be stored? And what steps will be taken to ensure data is stored securely?** |
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| **11.** | **Who will have access to the data?** |
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| **12.** | **Will the data be anonymised so that files contain no information that could be linked to any participant?** |
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| **13.** | **How long will the data be kept?** |
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| **14.** | **What will be done with the data at the end of the project?** |
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| **15.** | **How will the findings be disseminated?** |
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| **16.** | **Will any individual be identifiable in the findings?** |
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**3B. Identification and Mitigation of Potential risks**

This section is designed to identify any realistic risks to the participants and how you propose to deal with it.

1. **Does this research project involve working with potentially vulnerable individuals?**

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| **Group** | **Yes** | **NO** | **Details (for example programme student enrolled on, or details of children’s age/care situation, disability)** |
| **Students at Napier** |  |  |  |
| **Staff at ENU** |  |  |  |
| **Children under 18** |  |  |  |
| **Elderly (over 70)** |  |  |  |
| **Disabled** |  |  |  |
| **Migrant workers** |  |  |  |
| **Prisoners / people in custody** |  |  |  |
| **Learning difficulties** |  |  |  |

1. **If you are recruiting children (under 18 years) or people who are otherwise unable to give informed consent, please give full details of how you will obtain consent from parents, guardians, carers etc.**

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1. **Please describe any identified risks to participants or the researcher as a result of this research being carried out.**

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1. **Please describe what steps have been taken to reduce these identified risks? (for example providing contact details for appropriate support services (e.g. University Counselling, Samaritans), reminding participants of their right to withdraw and/or not answering questions, or providing a full debriefing to participants and understanding the responsibility of the researcher when dealing with confidential and sensitive information).**

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1. **If you plan to use assumed consent rather than informed consent please outline why this is necessary.**

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1. **If payment or reward will be made to participants please justify that the amount and type are appropriate (for example the amount should not be so high that participants would be financially coerced into taking part, or that the type of reward is appropriate to the research topic).**

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**3C. Justification of High Risk Projects**

If you answered ‘Yes’ to the screening questions 1-5 this section asks for justification on the choice of research topic and methodology. The Reviewers have the right to refer high risk applications to the Research Integrity Committee for approval.

1. **If you have answered yes to question 1, please give a full description of all medical procedures to be used within the research and provide evidence that the project has obtained NHS ethical approval.**

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1. **If you have answered yes to question 2, please give a full description of the health care setting and what steps have been taken to reduce any potential risks and describe how you have gained permission from the Health Care Organisation.**

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1. **If you have answered yes to questions 3 (research into a controversial topic), please provide a justification for your choice of research topic, and describe how you would deal with any potential issues arising from researching that topic.**

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1. **If you have answered yes to questions 4 or 5 (use of deception or covert research methods) please provide a justification for your choice of methodology, and state how you will mitigate the risks associated with these approaches**.

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| **Declaration** | | |
|  | I confirm that I have considered the ethical risks arising from this project and have provided accurate information and the research will be conducted in the manner described. | |
| **AND** | | |
|  | I consider that this project has no significant ethical implications that requires the attention of the Research Integrity Committee. | |
| **OR** | | |
|  | I consider that this project may have significant ethical implications that requires the attention of the Research Integrity Committee. | |
| **Researcher Signature:** | | **Date:** |
| **Director of Studies/Supervisor/Principal Investigator Signature:** | | **Date:** |

**Checklist**

All applications require the following to be submitted with the application form

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| **Participant Information Sheet** |  |
| **Informed Consent Form** |  |
| **Interview/Survey Questions** |  |