Ethics Approval Form

*Before you complete this form, please take time to carefully consider the following questions:*

Have you considered yet whether there are any problematic ethical issues in your proposed research project? If you have not you should talk to your Course Tutor or Supervisor.

Have you already completed an Ethics Approval Form? Yes – *then* *you do not need to complete this form*

No – please complete this form in as much detail as you can

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Project/Research Title: |  | | |
| Name of Supervisor: |  | | |
| School/Dept. |  | | |
| Faculty: |  | | |
| Proposed Start Date: |  | End Date: |  |

**1. Summary of planned research** *(please indicate below the purpose of your planned project/research, together with your aims, main research questions and research design – you should continue onto a separate sheet if necessary)*

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|  |

**2. Methodology** *(You need to be clear about the methodology you intend to use in your study; this could include any number of methods, so either tick those shown below (where appropriate) or put the details in the box marked \*)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Interviews |  | Participant Observation |  | Use of personal data |
|  |  |  |  |  |  |
|  | Focus groups |  | Questionnaire |  | Literature Review |
|  |  |  |  |  |  |
|  | Performance |  | Presentation |  | Other *(state below)\** |

|  |
| --- |
|  |

**3. Participants** -Does your proposed project/research involve human participants?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. Yes, as a primary source\* |  | 2. Yes, as a secondary source\* |  | No- go to section 4 |

***\*If you have ticked yes, it is likely you will need an Advanced CRB check before undertaking your study***

**If yes**, indicate who your participants are:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Early years/Pre-School children |  | Adults - *give details below* |
|  |  |  | |
|  | School age children |  | Vulnerable people - *give details below* |
|  |  |  | |
|  | Young People aged 17-18 | **As this application is being developed due to personal reasons, I will be using my siblings as people to test my application** | |
|  |  |
|  | Unknown at this stage |

**4. Ethical issues** *- you should tick all that apply*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administration of drugs incl. alcohol |  | Deprivation |
|  |  |  |  |
|  | Unpleasant stimuli in any manner or form |  | Active deception or withholding information |
|  |  |  |  |
|  | Collection of highly personal information |  | Payment |

**5. Are there any ethical concerns other than those listed above?** *(Continue onto a separate sheet if necessary)*

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|  |

**6. If there are any ethical concerns, please state how you intend to minimise any risk of harm or distress that could be caused** *(continue onto a separate sheet if necessary)*

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*You should enclose any materials (e.g. questionnaire, interview schedule), plus the Consent Form, and the Debriefing Sheet when submitting the Ethics Approval Form to your supervisor.*

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: 18/12/2018

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|  |  |  |  |
| --- | --- | --- | --- |
|  | **Advanced CRB check required** |  | **CRB confirmation received - Date:­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |
|  | **Recommendation of approval given at Faculty Level** | | |
|  |  | | |
|  | **Approval not given at Faculty level – forwarded for discussion at the next meeting of the University Ethics Committee** | | |
|  |  | | |
| Comments: | | | |

Signature: (Assistant Dean/Head of School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty recommendation endorsed by the Ethics Committee | *Chair’s Initials* |  | *Date* |  |