

**Ethical Approval Form**

**(Postgraduate)**



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| Last approved: | 2020 |
| Approved by: | Research & Enterprise Committee  |
| Next review due: | 2020 |

Postgraduate Primary Research Ethical Approval Form

If your research involves human participants, ethical review and approval are required. You will need to submit this form in a timely manner – generating primary data must not commence until ethical approval has been granted. Ethical review is final and academic advice must be adhered to. It is important that you disclose your research plans as fully, clearly and accurately as possible; otherwise, your proposal may require revision in order to secure ethical approval.

I: Risk Assessment

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| Please tick ‘yes’ or ‘no’ | Yes | No |
| 1) Will your study involve participants who are vulnerable, unable to give informed consent or in a dependent position? Examples of such participants include (but are not limited to):* People under the age of 18
* People with learning difficulties
* People in care facilities or in legal custody
* Over-researched groups
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| 2) Will participants be required to take part in the study without their consent or knowledge at the time (e.g. covert observation of people in non-public places), and/or will deception be used? |  |  |
| 3) Could the study induce psychological stress or anxiety, or cause harm, humiliation or negative consequences beyond risks encountered in the everyday life of the participants? |  |  |
| 4) Will any drugs or other substances be administered as part of the study and/or will an invasive or potentially harmful procedure of any kind be used? |  |  |
| 5) Will your project involve working with any equipment which may be considered hazardous? |  |  |
| 6) Will financial inducements (other than reasonable expenses) be offered to participants? |  |  |
| 7)Does the activity involve you using new technology which might be *perceived* as being privacy intrusive? For example, the use of biometrics or facial recognition. |  |  |

If you answered ‘yes’ to any of the above questions, your project will be considered ‘High Risk’, and it will need to be approved by the University’s Ethical Approval Committee. However, if you wish to make a case that your proposal could be considered as ‘Low Risk’, please enter your reasons below.

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II: Ethical Approval Form for ‘Low Risk’ Research Projects

1. Researcher

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| Name: |  |
| ID number: |  |
| Email address:  |  |
| College:  |  |
| Course:  |  |

2. Project

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| Project title:  |  |
| Will the project involve collaboration or funding from outside the University? If so, please give details |  |
| Expected start date: |  |
| Expected end date:  |  |

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| Aims and objectives of the project: *Please consider what you are hoping to discover through undertaking this project. Max 400 words.* |
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| Research question(s):  |
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3. Methods

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| Please list all primary research methods you are planning to make use of:  |
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4. Working with participants

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| What kind of participants (e.g., students, tutors, industry professionals) will be asked to take part?  |
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| How many participants are you planning to recruit?  |
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| How will you contact your participants?  |
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| Do you perceive any potential risks to participants or yourself? If so, please provide further details. |
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| Will sensitive topics be discussed? If yes, what are they and how will you make sure that you do not expose your participants to risks beyond what they may encounter in their daily lives?  |
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| Is a Disclosure and Barring Service (DBS) check necessary for this project? |
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5. Anonymity, Confidentiality, Data Protection and Consent

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| ConsentResearchers must obtain consent from all living participants for their participation in a research project and maintain a record of their consent, whether research is face-to-face or using remote or online methods. There may exceptions to this rule, such as when working with a large external dataset accessed via a ‘gatekeeper’, where individual consent may not be appropriate. If you think this applies to your research, seek guidance from your supervisor.Consent must be:1. Fully informed, requiring that participants are provided with key information about the project that they can consider before deciding whether to take part.
2. Freely given, meaning that any issues around consent obtained from vulnerable groups must be addressed.

Consent statements must be clear, concise, and accessible. |

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| Are your participants going to remain anonymous, or will you want to name them? Please explain your choice. *It may for example be the case that research participants such as industry professionals could be named to demonstrate the presence of a meaningful source of information. Participants should only be identified where they directly consent to doing so, based on accurate information regarding how this will be done in the study.* |

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| Please tick ‘yes’, ‘no’ or ‘N/A’ | Yes | No | N/A |
| Will all participants be provided with an information sheet?  |  |  |  |
| Will participants taking part in other forms of research than a questionnaire (e.g., an interview or a focus group) be asked to sign a consent form?  |  |  |  |
| Will participants self-completing a questionnaire be informed that completing it implies consent?  |  |  |  |
| Will participants be told that they can withdraw at any time, and ask for their data to be destroyed and/or removed from the project until it is no longer practical to do so?  |  |  |  |
| Can you confirm that you will not use the data for any purpose other than that for which consent is given?  |  |  |  |
| Will all personal information be treated in strict confidence and never disclosed to any third parties? |  |  |  |
| Can you confirm that all research data will be held in accordance with the Data Protection Act 2018 and GDPR guidelines?Please refer to the [University’s guidance](https://www.bimm.ac.uk/privacy/) and [JISC guidance](https://www.jisc.ac.uk/guides/data-protection). |  |  |  |

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| If you answered ‘no’ to any of these questions, please explain why below. Make sure that your explanation of planned activity demonstrates adherence with legal and ethical requirements.  |
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6. Dissemination

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| Do you intend to share data or research findings outside of the University? If yes, please provide details.  |
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| Could the project produce findings that may have a negative effect on the reputation of the University or its partners? If yes, please provide details.  |
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Please note: This form is a template and is adaptable as appropriate; delete this header once you’ve adapted it for each specific occasion that you need it.

## 7. Participant Consent Form

Title of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for considering taking part in this research. The person organising this research must explain the project to you before you agree to take part.

If you agree with the following items, please put your initials in the relevant box. It will be assumed that if you do not initial a box then you DO NOT give consent to that element of the study and so may be ineligible to take part.

1. I confirm that I have read and understood the Participant Information Sheet, and that any questions I may have had have been answered satisfactorily.

1.

2.

1. I understand that my participation is voluntary, and that I am free to withdraw from the study at any time without giving any reason, and without being disadvantaged in any way. I understand I will be able to withdraw my data up to [insert date if stated on the Information Sheet, OR insert text here clearly stating a time limit e.g. ‘one month after the interview’].

3.

1. I understand that confidentiality and anonymity will be maintained and the researcher will not identify me in any research output

OR

Anonymity is optional for this research. Please select from the following 3 options:

1. I agree to be fully identified.
2. I agree to be partially identified (e.g. by role or job title)
3. I wish to remain unidentified

3.a

3.b

3.c

4.

1. I consent to being audio/video recorded for this interview / focus group / observation / other [as appropriate]

5.

1. I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated in accordance with current data protection regulations.

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Participant Information Sheet

Name of Researcher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use this box to give a brief summary of the research project for your participants

9. Declaration

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| * The information on this form is accurate to the best of my knowledge and belief, and I take full responsibility for it.
* I understand that I am responsible for monitoring the research at all times and recording and reporting any unexpected events to the University.
* If any serious adverse events arise in relation to the research, I understand that I am responsible for immediately stopping the research and alerting the relevant College Principal within 24 hours of the occurrence.
* I am aware of my responsibility to be up to date with and comply with the requirements of the law and relevant guidelines relating to the security and confidentiality of personal data.
* I understand that research records/data may be subject to inspection for audit purposes if required in future.
* I understand that I may not commence this research until I have been notified that the project has approval.
* I understand my responsibilities to work within a set of safety and ethical guidelines as an academic researcher and comply with applicable ethical codes.

**Signature of Researcher:****Date:** |

10. Approval

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| Name and job title: |  |
| Signature: |  |
| Date:  |  |