

**Ethical Approval Form**

**(Undergraduate)**



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

Undergraduate Primary Research Ethical Approval Form

Ethical review and approval are required for all research involving human participants. Primary data must not be collected until ethical approval has been granted. Ethical review is final and must be adhered to. It is important to disclose your research plans as fully, clearly and accurately as possible. Vague statements of intended research activities may lead to your proposal requiring revision prior to 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
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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 that may be considered hazardous? |  |  |
| 6) Will financial inducements (other than reasonable expenses or small-scale inducements such as a book token, admission to a gig or a minor reward offered as a prize draw for taking part in a survey) 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, your project will be considered ‘High Risk’. High Risk research activity is out of scope for undergraduate research. It is therefore likely that your proposal will be rejected, and you will be asked to revise your project. However, if you wish to make a case that your proposal could be considered as ‘Low Risk’, please enter your reasons in the box below. Your project will need to be approved by the University’s Ethical Approval Committee.

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If you answered ‘no’ to all the above, your project will be considered ‘Low Risk’. Please now complete the section below.

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:  |  |
| Module:  |  |
| 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.*  |
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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, 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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| 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 an online questionnaire (e.g., an interview or a focus group) be asked to sign a consent form?  |  |  |  |
| Will participants self-completing an online 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 validating partners? If yes, please provide details.  |
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7. 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:** |

8. Approval

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