

Research Ethics Approval Form

RESEARCHER INFORMATION

Name:

Email:

Module name and code (if appropriate):

Assignment / Dissertation / Project title:

N.B. This form covers research involving human participants through the use of questionnaires, interviews, focus groups, or observations of activity.

All researchers must complete all sections of this form. You should include with your application a copy of your proposed Consent Form and Information Sheet for Participants.

Completed applications should be submitted to XXXXXXXXXXXX

Please answer all the following questions.

Where **Yes / No** is requested, **give details if answering Yes (or if necessary to explain No).**

1. What are the aims of this study/project?

2. How will the study be carried out? (e.g., interviews, questionnaires, observation).

Please include copies of any questionnaires with your application.

3. How many participants will be recruited, and by what criteria will they be selected?

SAFEGUARDING

4. Does the study involve participants who are under 16? No / Yes

5. Does the study involve participants who are aged 16-18? No / Yes

If you have answered yes to either or both of these questions and the study has direct involvement with under 18s or vulnerable adults please also supply a copy of an enhanced DBS certificate with your application

6. Does the study involve participants who are particularly vulnerable or unable to give informed consent? No / Yes

7. Does the study involve participants who are adults? No / Yes

8. Have any safeguarding issues been identified? No / Yes

If yes, provide details of the arrangements you will make to ensure safeguarding good practice.

9. Will the study involve discussion of sensitive topics? No / Yes

10. Could the study induce psychological stress, anxiety, or cause harm or negative consequences to the participants beyond the risks encountered in normal life? No / Yes

11. Will financial inducements (other than reasonable expenses) be offered to participants? No / Yes

12. Do you foresee any other particular ethical issues? No / Yes

INFORMED CONSENT

13. Will you ensure informed consent from individual participants? No / Yes

(Please include a copy of your information sheet and consent form with your application).

14. Do you need to seek permission from any other institution or service-providers? No / Yes

15. Will any interviews be audio or video recorded? No / Yes

CONFIDENTIALITY AND ANONYMITY

16. How will confidentiality of individual participants be maintained?

17. How will the confidentiality of the context be maintained?

18. Who will have access to the raw data gathered e.g., recordings, transcripts etc? If this includes anyone else apart from yourself and the supervisor, please explain here:

19. Who will have access to the final piece of work?

DATA PROTECTION

20. How will data be collected (e.g., recording, written notes)?

21. How, and for how long will the data be stored? How will you maintain confidentiality through the storing of the data?

22. I confirm that data for this project will be handled in accord with the St Padarn's Data Learner's Protection Policy and St Padarn's IT Policy.

Supervisor (where applicable)

Name:

Email:

I have read this form and support the learner in their proposed study

Signature:

Date:

Researcher Declaration

I agree to conduct this study in line with the ethical guidelines detailed in the St Padarn's Research Ethics Policy.

Signature of applicant:

Date:

ETHICAL APPROVAL HAS BEEN GRANTED / REJECTED

COMMENTS:

CONDITIONS (if any):

Signed:

Name:

Role:

Date: