**Research Ethics Application**

**Research Project Information**

**Ethics Application Code** *(provided by Research Ethics Panel upon submission)***:**

**Please refer to the Guidance documents for Research Ethics Applications when completing this form. Note: Researchers are not to engage in data collection or recruitment until they have received a favourable ethical opinion from the Panel.**

1. Title of Research Project

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1. Researcher Information

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| --- | --- |
| Name  |  |
| Institutional email |  |
| Role  | [ ]  Undergraduate [ ]  Masters[ ]  PhD Researcher [ ]  Staff |
| Undergraduate and Masters: Please provide name of supervisor |  |
| PhD Researchers and Staff: Are co-researchers involved? If **YES**, please provide the names and institutional contact details. | [ ]  Yes [ ]  No |

**Undergraduate and Masters Researchers**, please submit this Application Form and Supporting Documents to your supervisor and/or module team as directed.

**PhD Researchers and Staff,** please submit this Application Form and Supporting Documents to ethicspanel@marjon.ac.uk for review.

1. Rationale

Summarise your proposed research using, wherever possible, language understandable for a non-specialist reader.

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1. Initial Review Checklist

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| 1. Will your research involve research participants identified from, or because of their past or present use of, the NHS and/or Social Care Services
 | [ ] Yes [ ] No |
| 1. Does the research project involve intrusive procedures with adults who lack capacity to consent for themselves or health-related research involving prisoners?
 | [ ] Yes [ ] No |
| 1. Will this project be reviewed by a research ethics panel external to Marjon?
 | [ ] Yes [ ] No |
| 1. Does your research involve non-human animal participants, or non-human animal biology?
 | [ ] Yes [ ] No |
| 1. Is your research an evaluation of existing service or initiative?
 | [ ] Yes [ ] No |

If you answered **YES** to **ANY** question please contact ethicspanel@marjon.ac.uk, before proceeding.

If you answered **NO** to **ALL** questions please complete the [Potential Issue Checklist.](#Potential)

**Potential Issues Checklist**

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| --- | --- |
| 1. Does the research involve human participants and/or their personal data?
 | [ ] Yes [ ] No |
| 1. Does the research involve your own students as participants?
 | [ ] Yes [ ] No |
| 1. Does the research involve participants who are unable to give informed consent, considered to be vulnerable, or lack capacity?
 | [ ] Yes [ ] No |
| 1. Will the research require the co-operation of a gatekeeper for initial access to the groups/individuals to be recruited?  (e.g. for access to students at school, or to members of a particular organisation)
 | [ ] Yes [ ] No |
| 1. Will the research involve access to records of personal or confidential information concerning identifiable individuals, either living or recently deceased?
 | [ ] Yes [ ] No |
| 1. Will the research involve the use of administrative data or secure data? (e.g. student records held by a school or college, medical records)
 | [ ] Yes [ ] No |
| 1. Will the deception of participants (including covert observation in non-public places) be necessary at any time?
 | [ ] Yes [ ] No |
| 1. Will the research involve discussion of sensitive topics? (e.g. sexual activity, drug use, political behaviour, ethnicity and, potentially, elite interviews, *including PREVENT*)
 | [ ] Yes [ ] No |
| 1. Will the research involve members of the public in a research capacity, helping to shape methodology and/or to collect data?  (e.g. participatory research)
 | [ ] Yes [ ] No |
| 1. Will the research involve visual or vocal methods where participants or other individuals may be identifiable in the audio or visual data used or generated? (this does not refer to audio recordings for the purposed of transcription)
 | [ ] Yes [ ] No |
| 1. Will the research involve any drugs, placebos or other substances (e.g. food substances, vitamins and other supplements) being administered to the participants, or will the study involve invasive, intrusive procedures of any kind?
 | [ ] Yes [ ] No |
| 1. Will blood or tissue samples be obtained from participants (deceased or alive)?
 | [ ] Yes [ ] No |
| 1. Is the research likely to involve or result in participants experiencing pain or more than mild discomfort?
 | [ ] Yes [ ] No |
| 1. Could the research induce psychological stress or anxiety or cause harm or negative consequences? (both research participants and their living relatives should be considered)
 | [ ] Yes [ ] No |
| 1. Will the research involve prolonged or repetitive testing of participants?
 | [ ] Yes [ ] No |
| 1. Will data collection involve e-mail, social media, and/or instant messaging services in data collection?
 | [ ] Yes [ ] No |
| 1. Will financial inducements (other than reimbursement of expenses) be offered to participants?
 | [ ] Yes [ ] No |
| 1. Will the study involve external organisations to recruit participants?
 | [ ] Yes [ ] No |
| 1. Will the research place the safety of the researcher(s) at risk?
 | [ ] Yes [ ] No |
| 1. Will any data collection be undertaken outside of the UK?
 | [ ] Yes [ ] No |
| 1. Will the research or its dissemination involve data sharing of confidential information, or the re-use of previously collected data?
 | [ ] Yes [ ] No |
| 1. Is the research funded?
 | [ ] Yes [ ] No |

If you answered **NO** to **ALL** questions, please complete the [Declaration](#Declaration).

If you answered **YES** to **ANY** question, please complete [Research Project Further Information.](#Research)

**Research Project Further Information**

1. Project Start and End dates

|  |  |
| --- | --- |
| a. Start date for data collection  |  |
| b. Estimated completion date for data collection |  |
| c. Estimated completion date for study |  |

1. Research Methods

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| a. Describe where data will be collected. |
| b. Describe how data will be collected. |
| c. Describe how data will be analysed. |

**ALL questionnaires, interview guides, standard operating procedures and/or other instruments to be used in data collection MUST** **be attached as appendices.**

1. Research Participants

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| a. Describe the participants to be recruited. |
| b. Will it be possible to identify participants, directly or indirectly, from the data collected?[ ] Yes [ ] NoIf YES, please explain how confidentiality will be maintained. |
| c. Does the proposed research involve extraction or collection of personally identifiable information about the participant from existing databases or records?[ ] Yes [ ] NoIf YES, please explain how consent from the individuals or authorisation from the data custodian will be obtained. |
| d. Does the proposed research involve participants who have a pre-existing relationship with any of the researchers?[ ] Yes [ ] NoIf YES, please explain the relationship and how power differentials (actual or perceived) will be managed. |
| e. Will the proposed research result in products (physical or intellectual) that are commercialisable?[ ] Yes [ ] NoIf YES, please explain how ownership will be negotiated and communicated to participants. |

1. Consent Process

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| a. Describe the process that will be used to obtain informed consent and explain how consent will be recorded. |
| b. Please describe procedures for participants withdrawing from the study. |

**ALL documents (e.g. consent documents, participant information sheets, email scripts) to be used in the consent process MUST** **be attached as appendices.**

1. Data Management

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| a. Will participants’ personal data be collected? [ ] Yes [ ] NoIf **NO**, please proceed to [Risk Evaluation](#Risk)  |
| If **YES,** please confirm:b. Personal or identifiable data will be kept on password protected or encrypted files. [ ] Yes [ ] Noc. Access to data will be restricted to the research team. [ ] Yes [ ] Nod. Coded data and identifying codes will be stored separately. [ ] Yes [ ] Noe. Data will not be transferred to or via a third party. [ ] Yes [ ] Nof. Personal data shall not be kept for longer than is necessary for the purposes it was collected for.[ ] Yes [ ] Nog. All data will undergo secure disposal. [ ] Yes [ ] Noh. Data storage timelines**:** i. If you have answered **NO** to any of the above, please explain data management process: |

**6. Risk Evaluation**

a. Please indicate the risk level for the project by checking the intersecting box:

 **Research Risk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Low** | **Medium** | **High** |
|  | **Low** |[ ] [ ] [ ]
|  | **Medium** |[ ] [ ] [ ]
|  | **High** |[ ] [ ] [ ]

**Participant Vulnerability**

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| If the risk level for your project is **GREEN**, please explain:b. the research risk level you have identified: c. the participant vulnerability you have identified:  |

If the risk level for your project is **GREEN**, please proceed to [Declaration.](#Declaration)

If the risk level for your project is **YELLOW**, please complete [Full Review Information](#Further).

If the risk level for your project is **ORANGE**, please conduct a scholarly review and

complete [Full Review Information](#Further).

**Full Review Information**

1. Risk Management

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| a. Please list potential research risks. |
| b. Please explain how you will manage and/or minimise research risks. |

**If** **the risk level for your project is ORANGE in the risk matrix, please attach a copy of the outcome of your scholarly review.**

**2. Experience of Investigators with this type of research.**

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| a. Please provide a brief description of previous experience with this type of research, including data collection techniques, by the research team. If there is no previous experience, please describe how the researchers will be prepared. |
| b. For projects that will involve community members (eg. peer researchers) in the collection and/or analysis of data, please describe their status within the research team (e.g. are they considered employees, volunteers or participants) and what kind of training they will receive. |

**3. Possible Benefits**

Describe any potential direct benefits to participants from their involvement in the project as a result of this research. If there are potential direct benefits to the community, the scientific/scholarly community or society as a result of this research, please also describe these here.

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**4. Compensation**

Will participants receive compensation for participation?

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| Financial? [ ] Yes [ ] No |
| In-kind? [ ] Yes [ ] No |
| Other? [ ] Yes [ ] No |
| If YES, please provide details and justification for the amount or the value of the compensation offered and how will compensation be affected if participants chose to withdraw?  |

**Declaration**

My signature below confirms that I am aware of, understand, and will comply with all relevant laws governing my research. I agree to ensure my co-investigators, collaborators and all involved in the running of this research will comply with these laws. I understand that for research involving extraction or collection of personally identifiable information, national and/or international laws may apply and that any apparent mishandling of personally identifiable information must be reported to the Research and Knowledge Exchange Office.

I agree that research will only commence after a favourable opinion has been received from the Research Ethics Panel; that neither the University, Panel or individual members of the Panel accept any legal obligation (to use to any third party) in relation to the processing of this application or to any advice offered in respect of it or not for the subsequent supervision of the research. If there is any significant deviation from the project as originally approved I must submit an amendment to the Research Ethics Panel for approval prior to implementing any change.

**Signature of Researcher** **Date**

Additional for all student applications:

As the supervisor of this student project my signature below confirms that I have reviewed and approve the research project and the ethics protocol submission. I confirm that I will provide the student with the necessary supervision throughout the project, to ensure that all procedures performed as part of this project comply with all relevant laws governing the research.

**Signature of Supervisor Date**

As the counter-signer of the project I confirm that I am not directly involved in the project, and have reviewed and approve the academic merit of the research project and the ethics protocol submission.

**Counter-signed**  **Date**