Graphical user interface

Description automatically generated with medium confidence

**SECTION A: Project Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | | | |
| **Investigator:** |  | | | |
| **Student No.** |  | | | |
| **Co-Investigators** (if applicable): | | | | |
| **Supervisor/s:** (if applicable) | | | | |
| **Contact details of Investigator:** | | ***Phone*** | ***Fax*** | ***E-mail*** |
| **Degree enrolled in** (if applicable): | |  | | |
| **Project location:** | |  | | |
| **Project duration:** | |  | | |

**SECTION B: Ethical Review Application (***To be filled by Applicant (s))*

**Please answer all of the following questions**

|  |  |
| --- | --- |
| 1. **Who are the research participants and how will they be recruited?** | |
|  | |
| etc | |
| 1. **Provide a summary of the project:** | |
| 1. **Outline the research plan:** | |
| 1. **How will informed consent be obtained from participants?** | |
| 1. **Provide details of procedures for establishing confidentiality and protecting privacy of participants.** | |
| 1. **Provide details of data collection, security and storage:** | |
| 1. **Give details of whether and/or how feedback will be available to participants:** | |
| 1. **Does the project involve any of the following procedures?** | |
| 1. The possibility of physical or psychological injury, stress and/or discomfort? (If YES, give details | |
| 1. Participant involvement by any “vulnerable groups.” (If YES, give details) | |
| 1. **Does the project involve any other disciplines and/or Ethics Committees?** (If YES, please state which and what approval has already been obtained - attach documentation.) | |
| 1. **Will payments to participants be made?** (If YES, state amount and whether payment is for out-of-pocket expenses, or a fee.) | |
| 1. Will the project receive financial support? 2. If YES, specify the nature and source of the support 3. If YES, have any restrictions been imposed upon the conduct of the research? (If YES, specify the nature of the restrictions) | |
| 1. Will any restrictions be placed on the publication of results? (If YES, please state the nature of the restrictions) | |
| 1. Are there any other points you wish to make in justification of the proposed study? | |
| 1. **Please complete the items on the checklist shown below.**  (Write either YES or NO in the box following each item) | YES/NO |
| 1. Have you completed all the questions on this form that are applicable to your project? |  |
| 1. Have you attached an informed consent form (see below)? |  |
| 1. Have you attached a sample questionnaire or interview schedule (if applicable)? |  |

Signature of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_

dd mm yyyy

**SECTION C: Ethical Scrutiny by supervisor**

To be completed by supervisor:

[Delete A or B]

1. This research is considered ethically acceptable. It does not involve any of the following:

* research on live animals other than non-intrusive observational studies in the wild
* research involving children under the age of 16, people diagnosed as suffering from a serious physical or mental disease or handicap, people who have undergone what would generally be regarded as traumatic experiences related to the area of research now or in the past, or people who would be judged by any reasonable person to be especially vulnerable
* experiments or clinical trials carried out on human subjects
* a power relationship such as teacher/pupil, doctor/patient, employer/employee etc.
* covert methods or where informed consent cannot or will not be sought, except for research on ‘public situations’ such as the behaviour of crowds or groups of people in circumstances where the researcher has a right to be present.
* research where the identity of the subjects/informants/participants cannot be concealed, unless they are specifically to be made aware of this and provide their signed consent
* research, which might reasonably be judged at risk of causing harm, distress or discomfort to people or groups (including social stigmatization/penalty, commercial disadvantage or environmental damage or degradation)

1. This proposal should be referred to the Research and Ethics Screening Committee (RESC) for review.

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

UR - Supervisor

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

dd mm yyyy  
    
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION D: Ethical Review by Chairperson of Review Committee**

To be completed by chairperson of University or College RESC (whichever applies):

[Ring the identification letter of one statement]

1. This research may proceed without further review
2. This research may not proceed; it clearly breaches ethical guidelines without providing justification, or it contravenes a decision already taken by the RESC.
3. This research should be referred to the full RESC.

Reasons:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chairperson University or College RES-C (whichever applies)

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

dd mm yyy

To be completed after a full University or College RESC meeting (whichever applies):

[Ring the identification letter of one]

1. This research may proceed
2. This research may proceed if the conditions below are implemented.
3. This research may not proceed.

Reasons (and conditions, if appropriate):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
Chairperson

University or College RES-C (whichever applies)

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

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