**ER3 – APPLICATION FORM FOR ETHICAL APPROVAL TO USE HUMAN PARTICIPANTS IN RESEARCH (EXTERNAL APPLICANTS)**

*Please submit this document in Word format*

1. **APPLICANT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Institution |  |
| Faculty  |   |
| Level of work  | □ Undergraduate □ Postgraduate - taught□ Postgraduate - research □ Other  |
| Email |  |
| Phone number |  |

1. **SUPERVISOR (IF APPROPRIATE)**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Does your supervisor approve the use of human participants in your research? | □ Yes □ No  |

1. **RESEARCH OVERVIEW**

|  |  |
| --- | --- |
| What is the proposed title of the research report? |  |
| In no more than 300 words and avoiding jargon, provide a brief summary of the objectives and justification for the research |  |
| On what date do you intend to start work with participants? (Note that approval must cover the duration of the research) |  |
| On what date do you intend to complete the work with participants? |  |
| What is the proposed location of the work with the participants? |  |

1. **METHODOLOGY**

What are the method(s) which you intend to use? Please tick below which are applicable:

□ Questionnaires

□ Structured interviews

□ Unstructured interviews

□ Focus groups

□ Observation

□ Audio/video recording in a public place

□ Audio/video recording in a private place

|  |  |
| --- | --- |
| □ Other - please specify |  |

1. **PARTICIPANTS**

|  |  |
| --- | --- |
| By what criteria will you select a participant for the research and why?  |  |
| How many participants are required? |  |

**How will participants be recruited? Please tick those below which are applicable**:

□ Letter

□ Email

□ Social media

□ Phone

□ Flyer

|  |  |
| --- | --- |
| □ Other please specify |  |

**Could any participant feel obliged to participate in the research (eg they are colleagues or family)?**

□ Yes □ No

|  |  |
| --- | --- |
| **If you have answered yes, please explain what steps will be taken to mitigate this issue** |  |

**Will any of the participants be under the age of 18?**

□ Yes □ No

**If you have answered yes, please confirm that**

1. you have informed consent from the parents or carers; and
2. you have clearance from the Disclosure and Disbarring Service

[ ]  I confirm (a) and (b) above

**Could any of the participants be considered vulnerable (eg mentally ill)?**

□ Yes □ No

**If you have answered yes, please**

1. explain why vulnerable participants are necessary for the research; and
2. confirm that you have clearance from the Disclosure and Disbarring Service

|  |  |
| --- | --- |
|  |  |

**Are any incentives being offered to encourage participation in the research?**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered Yes, what is the justification for their use? |  |

1. **CONSENT**

Please confirm the following:

**All participants will be given an information sheet explaining the nature and methodology of the research and be given at least 24 hours to read it before being asked to agree to participate**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered No, please explain why not |  |

**All participants will be asked to sign a consent form**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**All participants will be told that they can withdraw at any time and ask for their data to be destroyed**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered No, please explain why not |  |

1. **PRIVACY & DATA**

Please confirm the following:

**Questionnaires will be returned to you anonymously**

□ Yes □ No

**If you have answered No, will questionnaires only be identifiable by a code or pseudonym?**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**Transcripts of interviews only be identifiable by a code or pseudonym**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**Lists of codes and/or pseudonyms linked to names and/or addresses of participants will be stored securely and separately from research data**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**All place names and institutions which could lead to identification of individuals and/or organisations will be changed**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**All data collected will be destroyed by the date stated below**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered no, please explain why not |  |

**Please state the date by which the data will be destroyed**

|  |  |
| --- | --- |
|  |  |

1. **RISKS**

**Are there any potential risks (eg physical, psychological, social, legal or economic) to participants in the research?**

□ Yes □ No

|  |  |
| --- | --- |
| If you have answered yes, please explain how those risks will be managed  |  |

1. **SUPPORTING DOCUMENTS**

The following documents **must** be attached:

* Explanatory Statement
* Consent form
* Recruitment documents (eg letter, email, flyer, poster)
* Questionnaire (if to be used)
* Indicative questions to be used in any interviews or focus groups (if to be used)
* Evidence of clearance from the Disclosure and Disbarring Service (if required)
* Evidence of other approvals
1. **DECLARATION**

I understand that I must follow the protocol approved by the University of Law

I confirm that all processing of personal information related to the participant will be in full compliance with the General Data Protection Regulation

I confirm that I will not use the data for any other purpose

Signed:

Date:

**OFFICE USE ONLY**

Ethical approval given? □ Yes □ No

If no, why not?

|  |
| --- |
|  |

All supporting documents attached?

□ Yes □ No

Any further steps by the University of Law required? If yes, what are they?

|  |
| --- |
|  |

**RECORD OF APPROVAL**

Assessor Approval

Ethical approval given?

□ Yes (see ER6 - Ethics - Panel Approval form) □ No

If no, why not?

|  |
| --- |
|  |

All supporting documents attached?

□ Yes □ No

Any further steps by the University of Law required? If yes, what are they?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Assessor Name |  |
| Date |  |

Stage 2 – Committee Approval

Assessor decision approved □ Yes □ No

If no, why not?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Ethics Committee Member Name |  |
| Date |  |

**Version history**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Amended by | Revision summary | Date |
| V1.0 |  | Publication |  |
| V1.1 | Deputy Academic Registrar and Senior Quality Officer | Review | April 2020 |