

**ETHICS APPLICATION FORM**

PLEASE TICK THE RELEVANT BOX

Member of staff:

External Investigator:

Other (Please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

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| **SECTION 1: PERSONAL DETAILS** | |
| **Name (Principal Investigator)** |  |
| **Other investigators** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |

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| **SECTION 2: PROJECT DETAILS** | |
| **Title of project** |  |
| **Proposed start date** |  |
| **Proposed end date** |  |
| **Rationale for the project** | |
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| **Aims and objectives of the project** | |
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| **Outline of research methodology (what will be done and how)** | |
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| **SECTION 3: NATURE OF THE PARTICIPANTS** | |
| **Who will be the potential participants?** |  |
| **How will participants be identified/ recruited?** |  |
| **Will all/some of the participants be under 18?** |  |
| **How will they be approached/recruited?** |  |

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| **SECTION 3: Ethical Issues** |
| **What are the ethical issues raised by the project** |
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| **How will the ethical issues be addressed?**   * **Please include what consents will be sought and how?** * **Will you be including participants who might be considered vulnerable?** * **What is the potential for physical and/or psychological harm / distress to**   **participants?**   * **Please note that the information sheets, letters and consent forms must be attached to this form** |
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| **If informed consent or consent is NOT to be obtained please explain why** |
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| **Will financial / in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate how much and on what basis this has been decided)** |
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| **SECTION 4: DATA STORAGE AND SECURITY** | |
| **Explain how data are handled, e.g. will it be fully anonymised, pseudo-anonymised, or just confidential, and whether it will be securely destroyed after use.** |  |
| **Explain how and where it will be stored, who has access to it, and how long it will be stored.** |  |
| **Will the research involve the production of recorded media e.g. video footage?**  **How will consent have been gained which shows that the participants agree to how the media will be stored, used and destroyed?** |  |

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| **SECTION 5: HEALTH AND SAFETY** | |
| **Does your research raise any issues of personal safety for you, other researchers and participants involved in the project? (especially if taking place outside working hours or off school premises)** |  |
| **What level do you regard any health and safety risk factors? Please grade each risk, high, medium or low.** |  |
| **What measures have you put in place to control the level of risk?** |  |

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| **SECTION 5: EXTERNAL APPROVAL AND/OR FUNDING** | |
| **Will the project require additional ethical approval from another organisation e.g. NHS?**  **If yes, how will this be obtained and by when?** |  |
| **Is/does the project require external/additional funding from outside of the school budget?** |  |
| **If yes please state:**   * **Name of awarding body** * **Is the bid application in preparation, submitted or accepted?** |  |

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| **SECTION 6: DISSEMINATION OF RESULTS** | |
| **How will the outcomes of the study be disseminated both inside and outside of school?** |  |

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| **Section 7: Checklist** | **Enclosed** | **N/A** |
| Participant Information Sheet(s)  Consent Form(s)  Sample questionnaire(s)  Sample interview format(s)  Sample advertisement(s)  Any other documents (please specify below) |  |  |

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| **Section 8: Applicant’s And Ethic’s Committee Confirmation** | |
| **I confirm that the information provided on this form is correct and confirm that the checklist has been completed.** | |
| **Applicant’s signature** |  |
| **Date** |  |
| The Research and Development Coordinator is required on behalf of the Ethic’s Committee to   * *scrutinise the Ethics Application and all participant-facing documentation* * *suggest and check any changes which need making before the application is approved.*   *Please tick the box to confirm that you have approved the application and participant-facing documentation* | |
| **Research and Development Coordinator’s signature** |  |
| **Date** |  |