**Research Project Title:**

**Researcher(s) Name (s):**

**Researcher (s) email address:**.

**Application Date:**

**Briefly outline the project’s aims, objectives, methodology, methods of data collection and**

**analysis (500 words Max)**

**Aims:**

**Objectives:**

**Methodology:**

**Methods of Data Collection:**

**Methods of Data Analysis:**

**Data Analysis Software (if applicable):**

**Please complete the questionnaire below by ticking a Yes/No or Not Applicable (N/A). This requires you to consider each question and where and how it may apply to your study.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | If you answer yes, please provide additional information. |
| Does your research involve children or young people aged under 18 years? |  |  |  |  |
| Will you have access to documents containing sensitive personal data about  individuals? If yes, will consent be obtained? |  |  |  |  |
| Does your research involve prisoners or others in custodial care (e.g. young offenders)? |  |  |  |  |
| Does your research Involve individuals with learning or communication difficulties? |  |  |  |  |
| Does your research involve those engaged in suspected illegal activities (e.g. drug taking; crime, illegal internet behavior. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | If you answer yes, please provide additional information. |
| Does your research involve vulnerable service users (e.g. patients, homeless)? |  |  |  |  |
| Does your research involve animals? |  |  |  |  |
| Does your research raise any issue of risk for you?  (Especially if taking place  outside working hours or of  Institute premises) |  |  |  |  |
| To the best of your knowledge:  Is there potential for physical and/or  psychological harm/distress  to participants? |  |  |  |  |
| Will informed consent/assent be obtained from the participants? |  |  |  |  |
| Will you advise participants  may withdraw from the research  any time and for any reasons? |  |  |  |  |
| Will you advise participants what will you  do with the results of the study  and who will have access to this information? | X |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | If you answer yes, please provide additional information. |
| Will financial/in-kind payments (other than reasonable expenses compensation for time) be offered participants? (Indicate how much and on what basis this has been decided) |  |  |  |  |
| Does your project engage with a vulnerable group, other than those listed above? |  |  |  |  |
| Does your research involve biological fluids/tissue/biopsies? |  |  |  |  |

**How will potential participants in your project be:**

|  |  |
| --- | --- |
|  | Please provide a brief explanation |
| (iv) Identified |  |
| (v) approached |  |
| (vi) recruited |  |

**What measures will be put in place to ensure the confidentiality of personal data**

**What measures will be put in place to ensure the safe storage of all collected dat**

If there are any other potential ethical issues that you think that the Committee should consider please explain them on a separate sheet. It is your responsibility to bring to the attention of the Committee any ethical issues not covered on this form.

**Please Append:**

1. Copy of Interview Structure or Questionnaire to be used
2. Copy of Information Sheet to be provided to participants
3. Copy of Consent Form to be signed by participants
4. Signature page with original signature (typed signature not accepted)