

## Faculty of Humanities

### Application for Ethical Approval

When completed this form should be returned to your School by the date specified in your handbook.

The form should preferably be typed, where handwritten please use BLOCK CAPITALS.

**Surname:**..... **Student Number:**.....

**Forename(s)**.....

**School:**.....

**Programme:**.....

**Title Dissertation / Research Project**.....  
.....  
.....  
.....

The following should be addressed, where applicable, when explaining how you will address any ethical issues arising from your dissertation/research project. All questions must be answered. 'Not applicable (N/A)' is a satisfactory answer where appropriate.

#### 1. Brief description of the research project.

*(insert description here)*

#### 2. Does the research involve any of the following?:

	Yes	No
• use of questionnaires designed by the researcher ( <b>attach a copy</b> )	<input type="checkbox"/>	<input type="checkbox"/>
• use of standard survey instrument	<input type="checkbox"/>	<input type="checkbox"/>
• use of on-line surveys ( <b>attach a printout of proposed screen information</b> )	<input type="checkbox"/>	<input type="checkbox"/>
• use of interviews ( <b>attach a copy of proposed questions</b> )	<input type="checkbox"/>	<input type="checkbox"/>
• use of focus groups ( <b>attach a list of focus group topics/questions</b> )	<input type="checkbox"/>	<input type="checkbox"/>
• audio-taping participants or events	<input type="checkbox"/>	<input type="checkbox"/>
• video-taping participants or events	<input type="checkbox"/>	<input type="checkbox"/>
• research about participants involved in illegal activities	<input type="checkbox"/>	<input type="checkbox"/>
• access to personal and/or confidential data without the participant's specific consent	<input type="checkbox"/>	<input type="checkbox"/>
• administration of any stimuli, tasks, investigations or procedures which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research	<input type="checkbox"/>	<input type="checkbox"/>
• observation of participants without their knowledge	<input type="checkbox"/>	<input type="checkbox"/>

**3. Provide a summary of the design and methodology of the project, including the methods of data collection and the methods of data analysis.**

*(insert summary here)*

**4. Describe the research procedures as they affect the research participant and any other parties involved.**

*(insert description here)*

**5. What, in your opinion, are the ethical considerations involved in this research and how will they be addressed? You may wish for example to comment on issues to do with consent, confidentiality, risk to participants etc.**

*(insert description here)*

**6. Will the research specifically target:**

	<b>Yes</b>	<b>No</b>
• students or staff of this University	<input type="checkbox"/>	<input type="checkbox"/>
• adults (over the age of 18 and able to give informed consent)	<input type="checkbox"/>	<input type="checkbox"/>
• children (anyone under the age of 18)	<input type="checkbox"/>	<input type="checkbox"/>
• the elderly	<input type="checkbox"/>	<input type="checkbox"/>
• people from non-English speaking backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
• anyone intellectually or mentally impaired who can't provide consent	<input type="checkbox"/>	<input type="checkbox"/>
• anyone who has a physical disability	<input type="checkbox"/>	<input type="checkbox"/>
• patients or clients of professionals	<input type="checkbox"/>	<input type="checkbox"/>
• anyone who is a prisoner or parolee	<input type="checkbox"/>	<input type="checkbox"/>
• any other person whose capacity to give informed consent may be compromised	<input type="checkbox"/>	<input type="checkbox"/>

Please note that you may also need to obtain satisfactory CRB clearance (or equivalent for overseas students).

**7. Will payment or any other incentive be made to any research participant? If so please specify and state the level of payment to be made and/or the source of the funds/gift/free service to be used. Please explain the justification for offering payment or other incentive.**

*(insert description here)*

**8. Please indicate the method of recruitment by ticking the appropriate box(es). Tick all that apply.**

Mail Out	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Recruitment carried out by third party	<input type="checkbox"/>	Personal contacts	<input type="checkbox"/>
Recruitment carried out by researchers	<input type="checkbox"/>	Contact details obtained from public documents	<input type="checkbox"/>	Contact details obtained from private sources	<input type="checkbox"/>
Participants from a Previous study	<input type="checkbox"/>	Snowball	<input type="checkbox"/>	Other (please explain)	<input type="checkbox"/>

If using a **mail out** who will be distributing it?

If using an **advertisement** explain where it will be placed. Have you attached a copy? Y/N - if no please explain

If recruitment is to be conducted by a **third party** (e.g. employer, doctor) have you attached an approval letter

- requesting their assistance? Y/N - if no please explain
- confirming their willingness to act? Y/N - if no please explain

If contact details are to be obtained from **private sources** have you attached an approval letter? Y/N - if no please explain.

**9. Please give details of how informed consent is to be obtained. A copy of the proposed consent form, along with the proposed information sheet must accompany this proposal.**

*(insert details here)*

**10. Please state who will have access to the data and what measures will be adopted to maintain the confidentiality of the research participant and to comply with data protection requirements e.g. will the data be anonymised?**

*(insert details here)*

**11. Will the participant be given feedback? If so describe how the feedback will be disseminated.**

*(insert details here)*

**12. Responsibilities to the wider society.**

*(insert details here)*

**13. State location(s) where the project will be carried out.**

*(insert details here)*

**14. Date on which project will begin dd/mm/yy and end dd/mm/yy** (this must not be before the date of Ethics Committee approval)

**Signature:**..... **Date:**.....

**Supervisor's Declaration:**

I have discussed the above ethical issues with the student in relation to his / her proposed research and agree that the involvement of human participants / human data / material is essential for the proposed research topic.

**Supervisors Name:**.....

**Supervisor's Signature:**.....

**Position Held:**.....

**Date:**.....