

Quality Code for Higher Education

Research Ethics Approval Form

Please note this form must be completed in type and submitted in good time before start of project, though exceptions to this will be considered.

Full details should be provided where requested.

It is essential that you have read:

'Ethical Principles for Research Activity in RNN Group'
'Code of Practice on Research Misconduct'

Before you complete this form, please confirm that you have read and understood these documents: Yes/No

Full title of research project

Researcher (Name, course, faculty)

Contact Address

Email & Telephone

<input type="text"/>	<input type="text"/>
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Names and contact details of other student researchers involved in this project

Name and faculty of research supervisor/s (if applicable)

Purpose for undertaking research (e.g. dissertation/thesis)

What is the aim of your research? (50 words max)

Duration and expected date of commencement of the research project?

Proposed Methods

Summary of research/project process

How will your participants be recruited?

How will you brief participants about the research, e.g. information sheet?

Data Management

How will any data/film/media be managed and stored?

How will confidentiality of data/film/media be ensured?

List the people/department with access to the data/film/media

Are all individuals with access to this data registered and compliant with the Data Protection Act 1998? Yes/No

If no, please provide an explanation

Does the research require the withholding of information about the purpose of the research from the participants?

Yes/No

If 'yes' – please provide details and give reasons for withholding

Ethical Considerations

Does your research involve people under 18 years of age? Yes/No

If 'yes' – please provide further information

When/how will you seek the consent of their parents or guardians?

Have you undergone a DBS check (Disclosure and Barring Service) Yes/No

Does your research involve participants who might be considered 'vulnerable', e.g., medical patients, crime victims, prisoners, disabled people, those recently bereaved? Yes/No

If 'yes' please provide information on how they will be safeguarded

Will your project need ethical clearance before a decision can be taken by a funding body? Yes/No

If 'yes' please provide further information

Does the research involve discussion of culturally sensitive issues? Yes/No

If 'yes' please provide details

Do any aspects of the research pose risks to participants' physical or emotional well-being, e.g., use of machinery that has implications for health and safety considerations; potentially distressing questions? **Yes/No**

If 'yes' please provide details and information on how you plan to deal with such risks

Are there any potential benefits to participants? **Yes/No**

Are there any potential inconveniences to participants? **Yes/No**

If 'yes' please provide details

How long do you expect participants to be involved with the study?

Might conducting the research expose the researcher to risks? **Yes/No**

If 'yes' please provide details and information on how you plan to deal with such risks.

Will the research take place in a setting other than one of the College campuses or residential buildings? **Yes/No**

If 'yes' please provide details where the research will take place and what safeguards have been set in place for the researcher and participants.

Will the intended participants of the study be individuals who are not members of the College? **Yes/No**

If 'yes' please provide details

Does the research involve any actual or potential conflict of interest, e.g., a funding body's preferred outcome, a private relationship? **Yes/No**

If 'yes' please provide details

Are there issues which would require permission for publication of any information? **Yes/No**

If 'yes' please provide details

Any other issues regarding your research?

Please confirm the following before sending your proposal for consideration:

Have all the necessary areas of the Research Ethics Approval Form been completed?	Yes/No
Information sheet/s for participants?	Yes/No
Consent form/s	Yes/No
Interview Schedule/Focus Group Schedule	Yes/No

Name of proposer:

Date:

Course / Departmental authorisation:

Date:

Once this questionnaire is completed, please send it to your module tutor, who should sign it and scan via email to headmin@rotherham.ac.uk, with a subject heading of 'Request for Ethical Consent [Course Name]'.