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**Form RE1**

**Research Ethics Checklist**

May 2018

This checklist should be completed for every research project which involves human participants. It is used to identify whether a full application for ethics approval needs to be submitted.

**Before completing this form, please refer to the University Code of Practice on Ethical Standards for Research Involving Human Participants**. The principal investigator and, where the principal investigator is a student, the supervisor, is responsible for exercising appropriate professional judgment in this review.

***This checklist must be completed before potential participants are approached to take part in any research.***

**Section I: Applicant Details**

|  |  |
| --- | --- |
| 1. Name of Researcher (applicant): |  |
| 2. Status (please click to select): |  |
| 3. Email Address: |  |
| 4a. Contact Address: |  |
| 4b. Telephone Number: |  |

**Section II: Project Details**

|  |  |
| --- | --- |
| 5. Project Title: |  |

**Section III: For Students Only:**

|  |  |
| --- | --- |
| 6. Course title and module name and number where appropriate  School/Centre: |  |
| 7. Supervisor’s or module leader’s name: |  |
| 8. Email address: |  |
| 9. Telephone extension: |  |

***Declaration by Researcher (Please tick the appropriate boxes)***

|  |  |
| --- | --- |
|  | I have read the University’s Code of Practice |
|  | The topic merits further research |
|  | I have the skills to carry out the research |
|  | The participant information sheet, if needed, is appropriate |
|  | The procedures for recruitment and obtaining informed consent, if needed, are appropriate |
|  | The research is exempt from further ethics review according to current University guidelines |
|  | Where relevant, I have read the ethical guidelines of the regulatory body that is relevant to my discipline and verify that the research adheres to these guidelines |

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| **Comments from Researcher, and/or from Supervisor if Researcher is Undergraduate or Taught Postgraduate student:** |
|  |

**Section IV: Research Checklist**

**Please answer each question by ticking the appropriate box**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. Will the study involve participants who are particularly vulnerable or who may be unable to give informed consent (e.g. children, people with learning disabilities, emotional difficulties, problems with understanding and/or communication, your own students)? |  |  |
| 2. Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited (e.g. students at school, members of self-help group, residents of nursing home)? |  |  |
| 3. Will deception be necessary, i.e. will participants take part without knowing the true purpose of the study or without their knowledge/consent at the time (e.g. covert observation of people in non-public places)? |  |  |
| 4. Will the study involve discussion of topics which the participants may find sensitive (e.g. sexual activity, own drug use)? |  |  |
| 5. Will drugs, placebos or other substances (e.g. food substances, alcohol, nicotine, vitamins) be administered to or ingested by participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind? |  |  |
| 6. Will blood or tissues samples be obtained from participants? |  |  |
| 7. Will pain or more than mild discomfort be likely to result from the study? |  |  |
| 8. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life? |  |  |
| 9. Will the study involve prolonged or repetitive testing? |  |  |
| 10. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants? |  |  |
| 11. Will participants’ right to withdraw from the study at any time be withheld or not made explicit? |  |  |
| 12. Will participants’ anonymity be compromised or their right to anonymity be withheld or information they give be identifiable as theirs? |  |  |
| 13. Might permission for the study need to be sought from the researcher’s or from participants’ employer? |  |  |
| 14. Will the study involve recruitment of patients or staff through the NHS? |  |  |

If ALL items in the Declaration are ticked AND if you have answered NO to ALL questions in Section IV, **send the completed and signed** (in ‘Declaration’) **RE1 to your School/Centre Research Ethics Officer** for information. You may proceed with the research but should follow any subsequent guidance or requests from the School/Centre Research Ethics Officer or your supervisor/module leader where appropriate. Undergraduate and taught postgraduate students should retain a copy of this form and submit it with their research report or dissertation (bound in at the beginning). MPhil/PhD students should submit a copy to the Board of Studies for Research Degrees with their application for Registration (R1). **Work which is submitted without the appropriate ethics form will be returned unassessed.**

If ANY of the items in the Declaration are not ticked AND / OR if you have answered YES to ANY of the questions in Section IV, you will need to describe more fully in Section V of the form below how you plan to deal with the ethical issues raised by your research. **This does not mean that you cannot do the research, only that your proposal will need to be approved by the School/Centre Research Ethics Officer or School/Centre Research Ethics Committee or Sub-committee**. **When submitting the form as described in the above paragraph you should substitute the original Section V with the version authorized by the School/Centre Research Ethics officer.**

If you answered YES to ***question 14***, you will also have to submit an application to the appropriate external health authority ethics committee, after you have received approval from the School/Centre Research Ethics Officer/Committee and, where appropriate, the University Research Ethics Committee.

**Section V: Addressing Ethical Problems**

If you have answered YES to any of questions 1-13 please complete below and submit the form to your School/Centre Research Ethics Officer.

|  |
| --- |
| **Project Title** |
|  |

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| --- |
| **Principal Investigator/Researcher/Student** |
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| --- |
| **Supervisor** |
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| --- |
| **Summary of issues and action to be taken to address the ethics problem(s)** |
|  |

**Declaration**

I understand that it is my responsibility to follow the University’s Code of Practice on Ethical Standards and any relevant academic or professional guidelines in the conduct of my project/study. **This includes providing appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data**. If there is any significant change to the design or conduct of my project/study I will immediately notify the School/Centre Research Ethics Officer and I understand that this may require me to submit a new application for ethics approval.

Signed: Principal Investigator/Researcher

Approved: DoS / Module Leader

Date:

**For use by School/Centre Research Ethics Officer:**

* No ethical problems are raised by this proposed study - Retain this form on record
* Appropriate action taken to maintain ethical standards

Retain this form on record and return a copy of section V to Researcher

* The research protocol should be revised to eliminate the

ethical concerns or reduce them to an acceptable level,

using the attached suggestions

* Please submit School/Centre Application for Ethics Approval

(Form RE2(D))

* Please submit University Application for Ethics Approval

(Form RE2(U))

Signed:

Date: