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**Form RE2(D)**

**Departmental Ethics Committee (DREC)**

September 2021

**Departmental Application For Ethics Approval Of A Research Project/Teaching Activity**

**EFIT Case Reference Number:** *(where EFIT was used initially)*

**This application form is to be used when seeking approval from a Departmental Ethics Committee following a request for ethical clearance via an RE1 or submission to EFIT.**

Completed and signed application forms should be sent for consideration to the Departmental **Research Ethics Officer**, who will complete either form RE3(D) or the EFIT system indicating the decision to the applicant.

***Ethics approval must be obtained before potential participants are approached to take part in any research/teaching activity.***

**Note:** Your research project/teaching activity must not proceed until written approval has been received from DREC (or UREC if this has to be referred onward).

**Section I: Applicant Details**

|  |  |
| --- | --- |
| Name  |  |
| Status *(please click to select)*: | Choose an item. |
| Programme of Study: |  |
| Email Address: |  |
| Contact Address: |  |
| Telephone Number: |  |

**Section II: Project/Teaching Activity Details**

|  |  |
| --- | --- |
| Title: |  |
| Brief description of the project/activity: |
|  |

**Section III: Contextual Information**

|  |  |
| --- | --- |
| Course title/module name/number: *(where application is for teaching activity)*  |  |
| School/Centre: |  |
| Supervisor / Module Leader name: |  |
| Email address: |  |
| Telephone: |  |

**Section IV: Summary of Proposed Research/Teaching Activity**

|  |
| --- |
| 9. Background and rationale for the project or teaching activity: |
|  |
| 10. Aims and objectives of the research or teaching activity: |
|  |
| 11. Methods of data collection : (Please briefly outline how data will be collected and **attach** a copy of any **questionnaires, interview schedules or observation guidelines** to be used.) |
|  |
| 13. Recruitment of participants: (Please outline the number of participants involved; how potential participants will be identified and invited to take part in the study; and how informed consent will be obtained) |
|  |
| 14. Please **attach** a copy of your **participant information sheet** and (*if applicable*) your **consent form** |
|  Participant Information Sheet Choose an item.Informed Consent Form Choose an item.  |
| 15. Potential adverse effects and steps to deal with them: (Please outline any potential psychological stress, harm, socially/politically sensitive material or reputational risks and the steps to be taken to mitigate them) |
|  |
| 16. Potential benefits of proposed research: (please outline the benefits of the research for participants and more generally) |
|  |
| 17. Steps to be taken to ensure confidentiality of data: (Please outline steps to ensure confidentiality, privacy and anonymity of data during collection, storage and publication) |
|  |

**Section V: Funding**

1. **Is This Project/Activity Being Funded?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES**  |   | **NO** |  | *(If* ***NO****, please go to section 9)* |

1. **Specify The Source Of Funding?**
2. **Project Grant Title And Proposed Duration Of Grant** *(Where applicable)*
3. **Does The Project Require Ethical Approval Before Consideration By A Funding Agency?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES**  |   | *Funding Agency Deadline?* | **NO** |  |

1. **How Will Participants Be Informed Of The Source Of The Funding?** *The source of funding should normally be explained in the participant information sheet.*

**Section VI: External Ethics Committees**

1. Will the study involve recruitment of patients or staff through the NHS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES**  |   | *Explain how ethical clearance has been obtained and* ***attach*** *it to this form* | **NO** |  |

**Declaration by Applicant**

*The information contained herein is, to the best of my knowledge and belief, accurate. I have read the University’s Code of Practice for Ethical Standards, and accept responsibility for the conduct of the procedures set out in the attached application in accordance with the guidelines, the University’s Code of Practice and any other condition laid down by the Departmental (DREC) or University Ethics Committee (UREC) (if it is referred onward). I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations and the rights of the participants.*

*I have the appropriate qualifications, experience and facilities to conduct the research set out in the attached application and to deal with any emergencies and contingencies related to the research that may arise.*

**Signature of Applicant:**

**Date:**

**Supervisor/ Module Leader**

**Signature:**

**Date:**

**Note:** Where the RE2(D) has been requested through the EFIT system then the decision will be communicated through that system and a certificate issued outlining the approval/non-approval.