**THE UNIVERSITY OF HUDDERSFIELD**

**School of Human and Health Sciences**

**School Research Ethics and Integrity Committee (SREIC)**

# PROPOSED REVISIONS TO PREVIOUSLY APPROVED APPLICATION

(Attach separate sheets as necessary)

# 

Applicant Name:

Title of previously approved study:

Ref:

Date approved:

|  |  |
| --- | --- |
| What change is being proposed? |  |
| What is the reason for this change? |  |

Each change we make will inevitably lead to amendments being made throughout the ethics documentation, which might also include the participant-facing documents. Please highlight where these changes have been made on your original approved documents.

|  |  |
| --- | --- |
| **Sections affected by the proposed changes** | **Please clearly identify below revisions made to previously approved SREIC application.** |
| Title of the project |  |
| Researcher(s) details |  |
| Supervisor details |  |
| Aim / objectives |  |
| Research methods |  |
| Permissions for study |  |
| Access to participants |  |
| Confidentiality |  |
| Anonymity |  |
| Right to withdraw |  |
| Data Storage |  |
| Psychological support for participants |  |
| Researcher safety / support  (attach revised University Risk Analysis and Management form if there are changes to this) |  |
| Information sheet |  |
| Consent form |  |
| Letters/ posters/ flyers |  |
| Questionnaire / interview guide |  |
| Debrief |  |
| Dissemination of results |  |
| Potential conflicts of interest |  |

Please confirm whether the following issues apply and whether or not these have changed since your original SREIC application.

|  |  |
| --- | --- |
| Does the research involve accessing data or visiting websites that could constitute a legal and/or reputational risk to yourself or the University if misconstrued?  If so, please explain how you will minimise this risk |  |
| The next four questions relate to Security Sensitive Information – please read the following guidance before completing these questions:  <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2012/oversight-of-security-sensitive-research-material.pdf> | |
| Is the research commissioned by, or on behalf of the military or the intelligence services?  If so, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data |  |
| Is the research commissioned under an EU security call  If so, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data |  |
| Does the research involve the acquisition of security clearances?  If so, please outline how your data collection and storages complies with the requirements of these clearances |  |
| Does the research concern terrorist or extreme groups?  If so, please complete a Security Sensitive Information Declaration Form |  |
| Does the research involve covert information gathering or active deception? Please explain. |  |
| Does the research involve children under 18 or participants who may be unable to give fully informed consent? Please explain. |  |
| Does the research involve prisoners or others in custodial care (e.g. young offenders)? Please explain. |  |
| Does the research involve significantly increased danger of physical or psychological harm or risk of significant discomfort for the researcher(s) and/or the participant(s), either from the research process or from the publication of findings? Please explain. |  |
| Does the research involve risk of unplanned disclosure of information you would be obliged to act on? Please explain. |  |
| Other revisions |  |
| Requirement for application to external body e.g. NHS REC |  |
| **Please supply copies of all revised documentation electronically. If this is not available electronically, please provide explanation and supply hard copy** | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SREIC Applicant – electronic signature acceptable)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant’s Supervisor, if applicable – electronic signature acceptable)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SREIC\_RevisedApp\_previously approved\_Rev3-Nov19