**Ethical Review – Form B**

**Limited or Significant Risk**

**APPLICABLE FOR ALL RESEARCH REQUIRING SPECIFIC ETHICAL APPROVAL**

*Before completing this form please refer to the School Research Ethics web pages which can be found using* [*this link*](https://research.hud.ac.uk/strategy/concordat-research-integrity/ada-ethics/)*.*

Ethical Approval is needed for all research involving any of the following:

* direct contact with human participants (e.g. interviews or questionnaires)
* direct contact with animal participants
* access to identifiable personal data for living individuals not already in the public domain
* increased danger of physical or psychological harm for researcher(s) or subject(s)
* research into potentially sensitive areas
* use of students as research assistants
* joint responsibility for the project with researchers external to the University.

*Taught students and PGR should consult the appropriate ethical guidelines. The respective academic supervisor should assist with advising you on appropriate professional judgement in this review prior to final submission to the Ethics Committee.*

***You cannot proceed with your active research until ethical sign off is notified***

***to you by the ADA Ethics Committee.***

Please tick one of the following options and then complete your individual details and ethical information.

|  |  |  |  |
| --- | --- | --- | --- |
| Module Approval |  | Academic Staff Research Bid/Project  |  |
| Undergraduate |  | Postgraduate Researcher |  |
| Postgraduate Taught |  | *Is this a resubmission? Y/N* |  |

**SUBMISSION GUIDANCE**

Undergraduate, taught postgraduate and postgraduate research; please complete in conjunction with your module leader, supervisor for review and for them to sign off this form prior to final submission for ethical approval. Email all relevant documentation/forms to: sah.research@hud.ac.uk

*PGR ethical review submission is at the same time as your PM1 report submission date. You can submit your ethical review request at any time prior to this deadline.*

Academic Research: once fully completed please email sah.research@hud.ac.uk

Before completing please refer to the School Research Ethics web pages which can be found using [this link](https://research.hud.ac.uk/strategy/concordat-research-integrity/ada-ethics/).

# SECTION A: APPLICANT DETAIL *(complete sections as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** *(all)* |  | **First name** *(all)* |  |
| **Student number** |  |
| **Type of study***UGrad, PGT* |  | **Module Number****Module Leader** |  |
| **Supervisor** |  |
| **Project start date** *(all)* |  |
| **Project Title** |  |
| **Risk level** *(all)* |  Limited [ ]  Significant [ ]  |

# SECTION B: PROJECT OUTLINE

Please provide sufficient detail for your supervisor to assess strategies used to address ethical issues in the research proposal.

|  |  |
| --- | --- |
|  | **COMMENTS:** *Suggestions for content type noted in red* *as guidance only*. ***Replace*** *with your own relevant comments.* |
| **Aim / objectives of the study**These need to be clearly stated and in accord with the title of the study. (Sensitive subject areas which might involve distress to the participants will be referred to the Course Approval Panel). |  |
| **Brief overview of research methodology**The methodology only needs to be explained in sufficient detail to show the approach used (e.g. survey) and explain the research methods to be used during the study.  |  |
| **Does your study require any third party permissions for study?** If so, please give details, e.g., company permission |  |
| **Participants**Please outline who will participate in your research. If your research involves vulnerable groups (e.g. children, adults with learning disabilities), it must be referred to the Course Assessment Panel.  |  |
| **Access to participants**Please give details about how participants will be identified and contacted.  |  |
| **How will your data be recorded and stored?**Please confirm that as a minimum this will comply with the university data storage policy and the Data Protection Act. Please indicate also any further specific details. | I confirm that all sensitive/confidential data will be stored in compliance with university regulations.Yes [ ]  No [ ]  (provide further details if No) |
| **Informed consent**. Please outline how you will obtain informed consent.*(See Appendices consent forms)* | * *The participation is voluntary*
 |
| **Confidentiality**Please outline the level of confidentiality you will offer respondents and how this will be respected. You should also outline about who will have access to the data and how it will be stored. (This should be included on information sheet.)***To note****: Any photographs containing faces, names, personal details or signatures will be blurred or cropped to comply with participant confidentiality. Nobody other than the Ph.D. student (visiting researcher), or the Ph.D. supervisor will have access to the data. All signatures and personal information will be blurred out and protected when included in any reports.* | * *Any photographs containing faces, names, personal details or signatures will be blurred or cropped to comply with participant confidentiality. Nobody other than the PhD researcher or the PhD. supervisors will have access to the data.  All signatures and personal information will be blurred out and protected when included in any reports.*
* *The questionnaires will be collected without names added ensuring total confidentiality*.
 |
| **Anonymity**Do you intend to offer anonymity? If so, please indicate how this will be achieved. ***To note:*** *for most projects anonymity should be offered as standard unless there are compelling grounds not to.* | * *All responses will be anonymised see sections above on Confidentiality and Informed Consent.*
* *In the cases where interviewees come from a notable organisation where it would be beneficial to show that they hold a particular position, participants will be asked if their organisation name can be used. This will be done via the participant consent form and will be confirmed verbally. Participants will be given the option of full anonymity or organisational name (e.g. ‘Interviewee 1, ‘Organisation Name’’). Real names will not be used.*
* *Interviews notes will never be published in full and quotes won’t be attributed. Some of the interview notes may be shared with REF2021 if requested and protected by REF2021 privacy policies.*
 |

|  |  |
| --- | --- |
| **Harm**Please outline your assessment of the extent to which your research might induce psychological stress, anxiety, cause harm or negative consequences for the **participants** or the **researcher** (beyond the risks encountered in normal life). If more than minimal risk, you should outline what support there will be for participants. If you believe that that there is minimal likely harm, please articulate why you believe this to be so.***To note:*** *If there is potential for harm to the researcher (physical or psychological) please attach a risk assessment.*  | * *All the research will take place in safe, neutral and relaxed environments*
* *No risks have been identified beyond those encountered in normal life. The research should not cause stress or anxiety – it is seeking to establish problems encountered by communities but participants will be told that what they say won’t be shared with others in that community.*
 |
| **Does the project include any security sensitive information?** Please explain how processing of all security sensitive information will be in full compliance with the “Oversight of security-sensitive research material in UK universities: guidance (updated November 2019)” (Universities UK, recommended by the Association of Chief Police Officers) | No [ ]  Yes [ ] If yes, please provide further information. |

|  |
| --- |
| **Retrospective applications**. If your application for Ethics approval is retrospective, please confirm the **due** submission date, and explain why this has arisen.  |

# SECTION C: SUMMARY OF ETHICAL ISSUES

*Please ensure this section is completed in conjunction with your supervisor prior to submission, if appropriate. Active research cannot commence until ethical approval has been confirmed to you*.

Provide a summary of the ethical issues and any action that will be taken to address the issue(s).

|  |
| --- |
| *Respect for persons and communities:** + *- Respecting the autonomy, decision-making and dignity of participants.*
	+ *- Protecting and respecting the values and interests of the community as a whole and protect*
	+ *the community from harm.*
	+ *- Using the information collected only for the intended purpose of the study.*

*Beneficence:** + *- Minimizing the risks (physically, psychologically and socially) and maximizing the benefits to*
	+ *research participants.*
	+ *- Being aware of cultural and social differences relating to the topic of the project and wording*
	+ *of questions.*
	+ *- Considering the sensitivity of the information during collection.*
	+ *- Being clear and concise in the introduction so that respondents are fully informed.*

*Justice :** + *- Selecting the participants from groups of people whom the research may benefit.*
	+ *- Being honest with the potential respondents regarding all aspects of the project.*
	+ *- Do not harass or repeatedly ask the members of the sample to respond. Encouragement*
	+ *participation in a positive, non-threatening way.*

  |

# SECTION D – ADDITIONAL DOCUMENTS CHECKLIST

Please supply your supervisor with copies of all relevant supporting documentation electronically. If this is not available electronically, please provide explanation and supply a hard copy.

I have included the following documents:

|  |  |  |
| --- | --- | --- |
| Participant Information sheet | Yes [ ]   | Not applicable [ ]  |
| Participant/Researcher Consent form | Yes [ ]  | Not applicable [ ]  |
| Questionnaire | Yes [ ]   | Not applicable [ ]  |
| Interview schedule | Yes [ ]   | Not applicable [ ]  |

# SECTION E: STATEMENT BY APPLICANT

I confirm that the information I have given in this form relating to all ethical issues concerning my research is correct.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Approval**

I can confirm that, to the best of my understanding, the information discussed and presented by the student is correct and appropriate to allow an informed judgement for consideration of ethical approval.

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION F: RECOMMENDATION ON THE PROJECT’S ETHICAL STATUS

Having reviewed the Project Outline and noted Ethical Issues the Ethics Committee believe that the appropriate ethical decision is:

|  |  |
| --- | --- |
| * Approved and noted research can proceed.
 |  |
| * Not Approved: Resubmission\* required to accommodate the academic feedback concerns and comments noted below.
 |  |
| **Resubmission date – 14 days from the date of this decision\***. | **xxxx** |

|  |
| --- |
| **Academic feedback to be addressed in an Ethical Request Form Resubmission** *(please ensure you note on the form that it is a resubmission)* |

Chair of Ethics Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE THE SECTIONS HIGHLIGHTED IN YELLOW TO PERSONALISE THIS TEMPLATE FOR YOUR PROJECT**

**[PROJECT TITLE]**

**PARTICIPANT INFORMATION SHEET**

**APPENDIX 1**

You are being invited to take part in research on [RESEARCH SUBJECT]. [NAME], [POSITION] at the University of Huddersfield is leading this research. Before you decide to take part it is important you understand whythe research is being conducted and whatit will involve. Please take time to read the following information carefully.

**What is the purpose of the study?**

The purpose of the study is to [SUMMARISE THE RESEARCH FOCUS AND AIMS. IF THERE IS MORE THAN ONE PURPOSE TO THE STUDY, EACH MUST BE SPECIFIED SO THAT APPROPRIATE AND EXPLICIT INFORMED CONSENT CAN BE OBTAINED]

**Why have I been chosen to take part?**

You are invited to participate in this study because you [REASONS].

**What are the benefits of taking part?**

By sharing your experiences with us, you will be helping [NAME] and the University of Huddersfield to better understand the [KEY RESEARCH FOCUS].

**Are there any disadvantages or risks associated with taking part?**

This study has been reviewed and approved through The University of Huddersfield’s formal research ethics procedure. [There are no significant risks associated with participation]**OR**[IF THERE ARE ANY SIGNIFICANT RISKS, THESE MUST BE SPECIFIED].

**Do I have to take part?**

No – it is entirely up to you. If you do decide to take part, please keep this Information Sheet and complete the Informed Consent Form to show that you understand your rights in relation to the research, and that you are happy to participate.

**What will happen if I decide to take part?**

You will be asked a number of questions regarding [BRIEFLY DESCRIBE THE KINDS OF DATA YOU WILL REQUIRE]. The questionnaire/interview/focus group [DELETE AS APPROPRIATE] will take place in a safe environment at a time that is convenient to you. Ideally, we would like to audio record your responses (and will require your consent for this), so the location should be in a fairly quiet area. The questionnaire/interview/focus group [DELETE AS APPROPRIATE] should take around [SPECIFY LIKELY TIME DURATION] to complete.

**What is the legal basis for processing personal data for this study?**

[GDPR requires you to be transparent about the legal basis for processing personal data and you should set this information out here. E.g. The Legal Basis for processing your data is GDPR Article 6(1)(e), that it is necessary for the performance of a task carried out in the public interest, and that task is research into…]

[Where Special Category data is processed, include information on the additional legal basis for processing this E.g. Where we are processing sensitive personal data about you, the Legal basis for doing so is GDPR Article 9(2)(j), that the processing is necessary for scientific and historical research purposes.]

**Data Protection and Confidentiality**

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team. [IF THE DATA ARE TO BE SHARED WITH 3RD PARTIES YOU MUST DECLARE THIS HERE AND NAME THE PARTIES CONCERNED.]. All electronic data will be stored [STATE WHERE AND HOW PROTECTED]. All paper records will be stored in a locked filing cabinet [STATE WHERE]. Your consent information will be kept separately from your responses in order to minimise risk in the event of a data breach. The lead researcher will take responsibility for data destruction and all collected data will be destroyed on or before [ENTER DATE].

**Data Protection Rights**

The University of Huddersfield is a Data Controller for the information you provide. You have the right to access information held about you. Your right of access can be exercised in accordance with the Data Protection legislation. You also have other rights including rights of correction, erasure, objection, and data portability. For more details, including the right to lodge a complaint with the Information Commissioner’s Office, please visit [www.ico.org.uk](http://www.ico.org.uk). Questions, comments and requests about your personal data can also be sent to the University’s Data Protection Officer at data.protection@hud.ac.uk. Please provide information about the research project and specify the name of the researcher when contacting the Data Protection Officer.

**What will happen with the results of this study?**

The results of this study may be summarised in published articles, reports and presentations. Quotes or key findings will always be made anonymous in any formal outputs unless we have your prior and explicit written permission to attribute them to you by name.

**Making a Complaint**

If you are unhappy with any aspect of this research, please first contact the lead researcher, [NAME, CONTACT DETAILS]. If you still have concerns and wish to make a formal complaint, please write to [INSERT DETAILS OF SUPERVISOR, LINE MANAGER OR ASSOCIATE DEAN RESEARCH]:

[NAME]

[POSITION]

The University of Huddersfield

Huddersfield, HD1 3DH

Email: [EMAIL]

In your letter please provide information about the research project, specify the name of the researcher and detail the nature of your complaint.

**Participant Consent Form**

**Appendix 2**

**Title of Research Study:** ??

**Name of Researcher:** ??

**Participant Identifier Number:**

I confirm that I have read and understood the participant Information sheet related to this research, and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I understand that all my responses will be anonymised.

I give permission for members of the research team to have access to my anonymised responses.

I agree to take part in the above study

**Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Researcher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher Consent Form**

**Appendix 3**

This form is to be used when consent is sought from those responsible for an organisation or institution for research to be carried out with participants within that organisation or institution. This may include schools, colleges or youth work facilities.

**Title of Research Study:** ??

**Name of Researcher:** ??

**Name of School/College/organisation:**

Describe i) the purpose of the research study

ii) the data collection methods to be used

iii) which pupils/groups/classes will be selected for this study.

I confirm that I give permission for this research to be carried out and that permission from all participants will be gained in line within my organisation’s policy.

**Name and position of authorised signatory**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fair Processing Notice**

**Appendix 4**

**This notice can be copied and pasted when you want to include a transparency or fair processing notice on your form.**

The Data collected [in this form/questionnaire/survey/app/other] will be used by [insert department/team/user classification [of the University of Huddersfield]] to [insert purpose for which this information will be used]. [[We may also share your data with [insert details of who else will have access] for [provide an explanation of why these people will need it. [This may mean your data is shared outside of the EU.]] It will not be shared further without your consent. The information will be stored and used in accordance with the University’s privacy policy which you can find [here](https://www.hud.ac.uk/informationgovernance/dataprotection/).

[[We would like to add you on to our email list for [insert types of information you wish to send], if you are happy to be contacted by the University, please tick here [ ] ]

**How to Use This Notice (Guidance notes – Do not include these on your final form)**

The above transparency notice can be inserted into forms or surveys where you are collecting small amounts of data for a particular purpose. For example, it can be used where you are collecting contact details for attendees at an event.

It is a template document and must be customised to reflect what you are doing and the use you will be making of the data in practice. For example, if you intend to add the details of the event attendees to your marketing list, you would need to refer to that here.

The square brackets and highlighting indicate the sections of text which need to be customised to your particular purpose. By the time you are ready to use your transparency notice, there should be no square brackets and no highlighting on the notice. Guidance on how to complete the sections is as follows:-

1. The first brackets are for you to identify what this is being attached to. Are you using it on the bottom of a form or something else? Update this section to reflect the correct document type.
2. Who is collecting the data? This second bracket is for you to identify who you are? This notice is most appropriately used where information is collected for a specific purpose – for example a School may use this on a form when it is collecting dietary information in anticipation of a field trip. This section would identify the particular School which is collecting the information. If the people you are collecting information from are not members of the University, you should include the ‘of the University of Huddersfield’ wording so that individuals are clear that you are collecting on behalf of the University.
3. Why? You should set out clearly here why you are asking someone to provide this information. Are you using it to make decisions about them? For example, if the notice is used on an Extenuating Circumstances form, you could include wording such as ‘the data will be used by the School and Registry to assess your eligibility for having extenuating circumstances applied to your assessment’. You need to be clear what is happening to the information once you have it.
4. Sharing the Data. You should include information about who you may share the information with. You should think internally, (for example will you need to pass a copy of the form to another School or Service) and externally (are you working with partner organisations with whom you need to share this information?). You should either include details of who the information is shared with or simply state that it is not shared further without consent.
5. Transferring Data. If your partners are based outside of the EU, or you are storing the data in servers located outside of the EU for any reason, you should include the wording highlighting that the data may be transferred outside of the EU. If the information will be kept within the University or on the University’s Servers, you can remove this wording.
6. Marketing options. If you want to use the information provided to send marketing emails, you should ask for consent to do so. This notice contains an option for a simple-form opt in to a mailing list, however if you want to use the details more extensively, you can change this to reflect different types of advertising and formats (for example you can add tick boxes for post and telephone). If you are planning on collecting information for marketing purposes, you should speak to Marketing to ensure you have appropriate mechanisms set up to manage your marketing database.