****Ref.No.

**ETHICS APPLICATION FORM**

School of Applied Psychology UCC

(adapted from UCC Social Research Ethics Committee documentation)

*Introduction*

UCC academic staff and postgraduate research students who are seeking ethical approval should use this application form. We review submissions for ethical approval for data collection from human participants which have the potential to be published in traditional venues – peer reviewed publications, conferences etc. Should you wish to publish in non traditional venues, you should apply to the Social Research Ethics Committee (SREC)

<https://www.ucc.ie/en/research/support/ethics/socialresearch/>

If this is a re-submission please use ~~strike-out~~ to indicate what you have deleted and highlight in yellow any additional information.

**APPLICANT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of applicant(s)** |  | **Date** |  |  |
| **Department/School/Unit, & Supervisor’s Name** |  | **Phone** |  |  |
| **Professional Address** |  | **Professional Email** |  | |
| **Original Submission** | Yes/No | **Resubmission** | REF No: | |
| **Title of Project** |  | | | |
| **Brief Description of the project (100 words)** |  | | | |

**Guide to Completing this Form**

For applications which have a low ethical risk (no blue boxes ticked) you should receive a decision within 10 term days of when your application is processed. Generally, if you submit it before Wednesday it will be processed on the Thursday after you submit it during term time. Outside of term time you can expect longer processing times.

To ensure prompt processing submit the application to [ethics.ap@ucc.ie](mailto:ethics.ap@ucc.ie)

For applications with a higher ethical risk the Ethics Committee may have to conduct consultations, so a decision could take longer.

Should there be a time urgency with the application please consult the Chair.

Has the data already been collected, if YES, go to Section 1

If the data has not already been collected yet, go to Section 4

Section 1

Is this a meta-analysis, a systematic review or anonymised secondary data analysis?

If No, go to Section 2

If Yes please provide a short description of the project below (300 words max)

**DESCRIPTION OF THE PROJECT**

If this is an anonymised secondary data analysis both you and your supervisor need to sign below and then Go to Section 8

If this is a meta-analysis or systematic review both you and your supervisor need to sign below and no further sections of this form need to be completed. Please submit to [ethics.ap@ucc.ie](mailto:ethics.ap@ucc.ie)

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Research Supervisor/Principal Investigator (if applicable)*

Section 2

Is this a Non-Anonymised Secondary Data Analysis?

If No, go to Section 3

If Yes, complete the following checklist

**SECONDARY DATA ANALYSIS**

If this data is not sensitive and there is minimum risk of disclosure of the identity individuals, then the data may be used without ethical clearance.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| 1 | Did the original study receive ethical approval, if YES, please attach documentation confirming that. If NO (or you can’t provide the documentation) please go to Section 3. |  |  |
| 2 | Will it be impossible to identify participants from resulting reports? |  |  |
| 3 | Was consent secured for the original data collection? If NO please go to Section 3. |  |  |
| 4 | Does the analysis focus on potentially sensitive personal data?  Please specifiy the nature of the data to be analysed in the description of the research\* |  |  |
| 5 | Is the data protected by legislation or particular archival restrictions? |  |  |
| 6 | Is your use of the data GDPR compliant? |  |  |
|  |  |  |  |

\*

This could include, but not be restricted to: ethnic or racial origin, political views or religious beliefs, membership of organisations, such as trade unions, physical or mental condition, family life, sexual life, offence history or legal proceedings.

Racial/ethnic origin of the participant

Political opinions

Religious or other beliefs

Physical or mental condition

Sexual or family life

Commission or alleged commission of any offence.

Any proceedings for any offence committed or alleged to have been

committed and the disposal of such proceedings or the sentence of any court in such proceedings.

Go to Section 7

Section 3

**Retrospective Ethical Approval for data already collected**

Please complete this section of the form if you have already collected your data and you are applying for retrospective ethical approval.

For instance, this could be a case study in your practice that you now realise could contribute to the literature, or an innovate teaching practice that could contribute to the scholarship of teaching.

Provide a brief description here of how the data was collected.

|  |
| --- |
|  |

Can the participants be recontacted so that they can provide informed consent for the use of their data for publication?

If Yes, go to Section 6

If No, please provide an argument here in terms of Positive Ethics as to the benefits of such publication below.

|  |
| --- |
|  |

At minimum, the researcher should address the following when requesting a waiver of consent:

·         the research involves no more than minimal risk to the subjects, and

·         the waiver will not adversely affect the rights and welfare of the subjects, and

·         the research could not practicably (feasibly) be carried out without the waiver, and

·         the research does not involve any contact with participants from whom the data was gathered

Researchers should consider the following when outlining their rationale:

·         ***Sample size*.** Is the sample size too large to contact all individuals or is it small enough that contacting individuals is feasible?

·         ***The dates on the data collection.***  Many individuals may be lost to follow up from older studies (moved house, changed phone number etc.) whereas it may be possible to contact individuals who were recently involved in research

·         ***Consent may introduce bias.*** Where the population is small and requiring consent may put the scientific integrity at risk.

Then go to Section 6

Section 4

**CLINICAL RESEARCH SELF-EVALUATION**

**If the research project is clinical in nature, then it must be referred to the Research Ethics Committee of the Cork Teaching Hospitals (CREC).**

**The requirements of CREC are set out in the Committee’s manual, which is freely available from crec@ucc.ie. In broad terms, prior approval is necessary where the research methodology involves:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| 1 | Therapeutic interaction with a human participant |  |  |
| 2 | A clinical trial of, inter alia, a medical device, medicinal product or clinical technique as stipulated under relevant legislation |  |  |
| 3 | Development of diagnostic techniques using human participants |  |  |
| 4 | Access to, or utilisation of, human tissue and body fluids |  |  |
| 5 | Access to, or utilisation of, identifiable medical data concerning individuals (such as clinical records) by parties not directly concerned in the provision of care to these individuals |  |  |
| 6 | Interaction with / observation of individuals in a healthcare contact or setting |  |  |
|  | If yes to any of the above, consider whether your ethical application needs to be referred to the CREC. If you judge that it falls under the jurisdiction of the School of Applied Psychology, please justify this decision  <https://www.ucc.ie/en/crec/> |  |  |

Please Note: If a research protocol falls into both the jurisdictions of CREC and APREC, then the application will usually be referred to CREC. This is to safeguard the proportionality of clinical risk versus benefit.

If you judge that this research does not fall within the jurisdiction of CREC go to Section 5

Section 5

**ETHICAL APPROVAL SELF-EVALUATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| 1 | Do you consider that this project has significant ethical implications? |  |  |
| 2 | Will you describe the main research procedures to participants in advance, so that they are informed about what to expect? |  |  |
| 3 | Will participation be voluntary? |  |  |
| 4 | Will you obtain informed consent in writing from participants? |  |  |
| 5 | Will you tell participants that they may withdraw from the research at any time and for any reason, and (where relevant) omit questionnaire items to which they do not wish to respond? |  |  |
| 6 | Will data be treated with full confidentiality / anonymity (as appropriate)? |  |  |
| 7 | Will data be securely held for a minimum period of ten years after the completion of a research project, in line with the University’s Code of Research Conduct? |  |  |
| 8 | If results are published, will anonymity be maintained and participants not identified? |  |  |
| 9 | Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)? |  |  |
| 10 | Will your project involve deliberately misleading participants in any way? |  |  |
| 11 | Will your participants include children (under 18 years of age)? |  |  |
| 12 | Will your participants include vulnerable adults?  <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf> |  |  |
| 13 | Will your participants include people in custody? |  |  |
| 14 | Will your participants include people engaged in illegal activities (e.g. drug taking; illegal Internet behaviour)? |  |  |
| 15 | Is there a realistic risk of participants experiencing either physical or psychological distress? |  |  |
| 16 | If yes to 15, has a proposed procedure, including the name of a contact person, been given? |  |  |
| 17 | If yes to 11, is your research informed by the UCC Child Protection Policy? <http://www.ucc.ie/en/ocla/policy/> |  |  |

**Go to Section 6**

Section 6

|  |  |  |
| --- | --- | --- |
| **GDPR Compliance** | | |
| Participants own their data and they need to give explicit consent to as how their data is used. Participants have legal recourse should the data be used in ways that they have not agreed to.  Any breaches of GDPR must be reported to the Data Controller. | | |
| **Do your consent forms contain the following information?** | **YES** | **NO** |
| The contact details of the Data Controller\*\*. |  |  |
| The contact details of the Data Protection Officer. |  |  |
| A completed Data Management Plan signed by the Principle Investigator |  |  |
| Who the data will be disclosed to. |  |  |
| The rights participants have in relation to their own data outlined. |  |  |
| The right to lodge a complaint with the Data Protection Commission. |  |  |
| The existence of study specific automated decision making (e.g. randomized allocation). |  |  |
| Based on this, are all of the consent forms for this study GDPR compliant? |  |  |

\*\* For the purposes of GDPR the Data Controller is the Primary Investigator while the research is active.

Go to Section 7

Section 7

**DESCRIPTION OF THE PROJECT**

**Aims of the project** (the research question being investigated – 300 words max)

**Brief description and justification of methods and measures to be used. *If applicable, please attach (in APPENDIX 1 below) research questions / copy of questionnaire / interview protocol / discussion guide / etc. materials which the Ethics Committee needs to examine in order to evaluate your application.***

**Participants: recruitment methods, number, age, gender and exclusion/inclusion criteria**

**Concise statement of ethical issues raised by the project and how you intend to deal with them**

**If informing participants about the nature of the study please tell us your arrangements. *Where applicable, please attach (in APPENDIX 2 below) the information letter / online statement / other correspondence you wish to use to inform participants about your study.***

**If obtaining Informed Consent please give details.**

***Where applicable, please attach (in APPENDIX 3 below) the consent form you wish to use.***

**If debriefing participants please explain how. *State what you will advise participants to do if they should experience problems (e.g. who to contact for help).***

**Positive Ethics: What are the benefits of this research: how will it contribute to theory and/or practice, how will it be disseminated, etc**

**Estimated start date and duration of project**

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Research Supervisor/Principal Investigator (if applicable)*

***Please submit this form in Word format and attachments to ethics.ap@ucc.ie, with the words ethics application (followed by your full name) in the subject line). Please include a scan of the signatures required. No hard copies are required.***

**Go to Section 8**

Section 8

**Completed and agreed Data Management Plan**

# Data Management Plan

Proposal Name:

1. Description of the data

Type of study

* 1. Types of Data
  2. Format and scale of the data

1. Data collection and generation
   1. Methodologies for data collection and generation
   2. Data Quality and Standards
2. Data management, documentation and curation
   1. Managing, storing and curating data
   2. Metadata standards and data documentation
   3. Data preservation
3. Data security and confidentiality
4. Data sharing and access
5. Responsibilities and implementation

Author of the data management plan­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last update: January 2020

***APPENDIX 1.***

***If applicable, please attach research questions / copy of questionnaire / interview protocol / discussion guide / etc. materials which the Ethics Committee needs to examine in order to evaluate your application.***

***APPENDIX 2.***

***If applicable, please attach the information letter / online statement / other correspondence you wish to use to inform participants about your study.***

**Information Statement**

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***APPENDIX 3.***

***If applicable, please attach the consent form you wish to use.***

**Consent Form**

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***APPENDIX 4.***

***If applicable, please attach other relevant information including a debriefing sheet you wish to use.***

**Debriefing Form**

