Educational Research Study Ethics Application

All independent research projects, within the School of Education, must be carried out in line with the guidelines set out by the School of Education Research Ethics Committee. Research must be carried out with due care for all human participants ensuring consideration of all respective rights and ensuring the utmost commitment to the well-being of all those involved in your research project.

It is expected that you will work with your research supervisor to finalise your ethics proposal. It is important that you follow all instructions on this form carefully and fill in all applicable areas to ensure no delay in gaining approval for your study.

**Note that official ethical approval from the School of Education Research Ethics Committee is required before any research can be conducted with participants.**

|  |  |
| --- | --- |
| Your Name: |  |
| Student ID: |  |
| Email Address: |  |
| Course of Study: |  |
| Module Name & Code (if applicable): |  |
| Name of Supervisor: |  |

|  |
| --- |
| Proposed study title: |
|  |

|  |
| --- |
| Describe the aim of your proposed study and list your research questions |
| In this section briefly describe what you are aiming to do in the proposed research citing any relevant research as appropriate. State your aim(s) clearly for the reader **Max 250 words.**  In concluding the section list your research question(s) in bullet form:   1. …… |

|  |
| --- |
| Explain the background & rationale for your research study (include supporting literature): |
| In this section you will need to give a brief background to the study and explain why your research aim(s) and question(s) are important in that context and in the context of Irish education in your specific area. **Max 300 words.** |

|  |
| --- |
| Provide an outline of the methods you intend to use in conducting this research study. |
| Provide details of the method or methods that you intend to use to gather data on your proposed research question(s). **Max 300 words.**  Outline any methodological and/or theoretical framework that will guide the research approach. Include all details of your intended participant sample and any relevant inclusion/exclusion criteria.  Be specific on what your participants will be required to do and any special resources or arrangements that will be required to carry out the data collection. |

|  |
| --- |
| Please list any referenced works from the previous sections (Harvard Style): |
| 1. ….. 2. ….. 3. …. |

|  |
| --- |
| Please indicate how you intend to address each of the following ethical considerations in your study. If you think they do not relate to your research simply insert NA. |
| 1. Consent    1. Does the study involve working with minors (under the age of 18)? If so you will need to gain parent/guardian consent and student assent 2. Participant withdrawal from the study    1. What provisions will you take should someone no longer wish to take part?    2. What will happen to their data? 3. Confidentiality - Any personal data which participants provide must be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation (GDPR).    1. How will you make sure the data is kept confidential? How will data be stored? Who will have access? How will it be reported? 4. Observational or interview research    1. If data is being audio recorded what precautions will you take? (Please note that video recording is not permitted). 5. Risks and benefits?    1. How will participants benefit from partaking in your study?    2. Are there any risks involved? If so how will you minimise them? |

|  |
| --- |
| Are there any other ethical implications or concerns arising from your proposal? |
| If yes please explain otherwise insert NA |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethics Checklist** | | | |
| Please place a √ in the appropriate box to the right of each statement/point to demonstrate that you have addressed each point as relevant to your proposed research project. **Please note that each indicated item (consent letters, information sheets etc.) must be attached in the appendices of this application form**. | | | |
|  | **Yes** | **No** | **N/A** |
| **Documentation** | | | |
| Letter of introduction and permission request to Principal |  |  |  |
| Participant information sheet(s) |  |  |  |
| Participant Consent form(s) or alternative |  |  |  |
| Assent form(s) or alternative |  |  |  |
|  |  |  |  |
| **Letter to Principal (if required)** | | | |
| At appropriate authority level |  |  |  |
| Summary and purpose of study |  |  |  |
| Permission request |  |  |  |
| Copies of participant information sheets, consent and assent forms (as required by project specifics) |  |  |  |
|  |  |  |  |
| **Participant Information Sheet, Consent and Assent Form or alternatives** | | | |
| Introduction – research for M.Ed./PRP/FYP etc., SoE, UCC, plus name of supervisor |  |  |  |
| Purpose of study |  |  |  |
| Invitation to participate |  |  |  |
| What participating will involve, including when, where, how long etc. |  |  |  |
| **Summary** of procedures, and **refer to consent/assent form for further information** |  |  |  |
| Researcher’s contact details (email and phone (where appropriate)) |  |  |  |
| Note that participant can contact the researcher (or supervisor – give name and contact details) if they have any questions |  |  |  |
| Voluntary |  |  |  |
| Right to withdraw without consequences |  |  |  |
| Confidentiality or anonymity, use of pseudonyms |  |  |  |
| Audio-recording |  |  |  |
| Who will have access to recordings/transcripts (researcher, supervisor and examiners) |  |  |  |
| Storage of data |  |  |  |
| Copies of findings |  |  |  |
| Note re. risks, benefits, and incentives |  |  |  |
| Statement of consent to participate |  |  |  |
| Two/three signature lines (researcher and participant and guardian) + dates or alternative |  |  |  |
|  |  |  |  |

|  |
| --- |
| Appendices |

Please attach copies of letters and information sheets that have been indicated in the checklist previously.



School of Education,

University College Cork

**Insert date here**

Dear [insert Principal title and surname e.g. Mr. Lucey],

My name is [insert] and I am currently undertaking a research dissertation in education as part of my studies of a [insert programme information] at UCC, under the supervision of [insert]. My research is concerned with [insert information]

I am writing to you to invite your school to participate in this research project. Participation would involve:

* Students of [Year [insert]/class group [insert]] being asked to participate in the research project.
* Interviews/Observations/Questionnaires... [insert relevant information as per your proposed project]
* A staff member who agrees to participate will be required to [insert information]
* The entire duration will be a maximum of [insert information].

[Insert a statement on why the research is important and why participate i.e. the benefits of participating]. Students and staff are under no obligation to participate in this study. They have the right to withdraw from participation at any time without any consequences and do not need to give a reason for withdrawing participation. They may opt in again at another stage if desired. Anonymity and confidentiality will be protected at all times. The school will not be identified in the write up of the findings. All information gathered will be stored securely and will be used only for the purpose of this project.

The School of Education (UCC) has granted ethical approval for this project. Any personal data which participants provide will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation (GDPR). I have enclosed a copy of the Information Sheets, Assent and Consent Forms/processes for students and staff. Should your school agree to participate in this research project please complete the consent document included.

I would like to thank you for taking time to read this letter and if you require any further information please do not hesitate in contacting me at [insert appropriate contact number or remove if desired] or by email at [insert UCC email/suitable email address]. If you wish to contact my Research Supervisor, you may contact [insert supervisor name] by telephone [insert supervisor office telephone number] or via e-mail [insert supervisor email].

I look forward to hearing from you. If you are interested in obtaining a report on the research, please contact me via e-mail and I will forward this information to you once the research is complete.

Kind regards,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert name]



School of Education,

University College Cork

**Please answer** all **of the following (tick the appropriate box):**

I have read the information letter and understand what the research is about and what

it involves.

I understand who will be involved in the study, the data that will be collected and

how it will be collected in relation to students and staff in my school.

I understand that participation is voluntary and that participants have the right to

withdraw at any time, without giving any reason, and without consequences.

I understand that information will be confidential or anonymous.

I understand that the research will be audio recorded (if applicable).

I understand that only the researcher, supervisor, and examiners will have

access to the data.

**I agree for my school to participate in the above study**

Signature of (Deputy) Principal Date

Signature of Researcher Date



School of Education,

University College Cork

**Participant Information Sheet (over age 18)**

**Title of Project:** [Insert project title]

**What is the research about?**

This research aims to…

**Who is undertaking it?**

This research is being undertaken by…

**Why is it being undertaken?**

This study is being conducted to…

**What are the benefits of this research?**

The benefit of this research is…

**Exactly what is involved for the participant (time, location, etc.)**

[Please insert key project information]

**Right to withdraw**

All participants/schools will remain anonymous and you are free to withdraw from the study at any time without giving a reason. If you choose not to participate in this study this will not affect you in any way.

**How will the information be used / disseminated?**

[Insert information]

**How will confidentiality be kept?**

Any personal data which you provide will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation (GDPR). All information gathered will remain confidential and will not be released to any third party. The [insert data collection instrument(s)] has/have been designed so that it/they does/do not ask for identifiable information. Responses to [insert data collection instrument(s)] will be stored separately from the other [insert data collection instrument(s)] responses so that there is no connection between them. Also the reporting of the data is not concerned with individual responses. All data will be stored securely… [insert information on how it will be stored] for 2 years.

**Contact details:**

This research study has received Ethics approval from the School of Education Research Ethics Committee, UCC. If at any time you have any queries/issues with regard to this study our contact details are as follows:



School of Education,

University College Cork

**Consent Form (over age 18)**

**Title of Project:** [insert title of your project]

This research is about [DESCRIPTION HERE] and involves [DESCRIBE DATA COLLECTION]

**Please answer** all **of the following (tick the appropriate box):**

I have read the information letter and understand what the research is about and what

it involves.

I understand that participation is voluntary and that participants have the right to

withdraw at any time, without giving any reason, and without consequences.

I understand that information will be confidential or anonymous.

I understand that the research will be audio recorded (if applicable).

I understand that only the researcher, supervisor, and examiners will have

access to the data.

If interested, you may request a copy of the research by contacting me at [RESEARCHER E-MAIL]

**I agree to participate in the above study**

Signature of Participant Date

Signature of Researcher Date



School of Education,

University College Cork

**Parent/Guardian Information Sheet**

**Title of Project:** [Insert project title]

**What is the research about?**

This research aims to…

**Who is undertaking it?**

This research is being undertaken by…

**Why is it being undertaken?**

This study is being conducted to…

**What are the benefits of this research?**

The benefit of this research is…

**Exactly what is involved for the participant (time, location, etc.)**

[Please insert key project information]

**Right to withdraw**

All participants/schools will remain anonymous and you are free to withdraw from the study at any time without giving a reason. If you choose not to participate in this study this will not affect you in any way.

**How will the information be used / disseminated?**

[Insert information]

**How will confidentiality be kept?**

Any personal data which you provide will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation (GDPR). All information gathered will remain confidential and will not be released to any third party. The [insert data collection instrument(s)] has/have been designed so that it/they does/do not ask for identifiable information. Responses to [insert data collection instrument(s)] will be stored separately from the other [insert data collection instrument(s)] responses so that there is no connection between them. Also the reporting of the data is not concerned with individual responses. All data will be stored securely… [insert information on how it will be stored] for 2 years.

**Contact details:**

This research study has received Ethics approval from the School of Education Research Ethics Committee, UCC. If at any time you have any queries/issues with regard to this study our contact details are as follows:



School of Education,

University College Cork

**Consent Form (Parent/Guardian)**

**Title of Project:** [insert the title of your project here]

This research is about [DESCRIPTION HERE] and involves [DESCRIBE DATA COLLECTION]

Your child is under **no** obligation to participate in this study. If they agree to participate, but at a later stage feel the need to withdraw, they are free to do so. It will not affect them in any way.

**Please answer** all **of the following (tick the appropriate box):**

I have read the information letter and understand what the research is about and what

it involves.

I understand that participation is voluntary and that participants have the right to

withdraw at any time, without giving any reason, and without consequences.

I understand that information will be confidential or anonymous.

I understand that the research will be audio recorded (if applicable).

I understand that only the researcher, supervisor, and examiners will have

access to the data.

If interested, you may request a copy of the research by contacting me at [RESEARCHER E-MAIL]

**I agree for my child to participate in the above study**

Signature of Participant Date

Signature of Parent/Guardian Date

Signature of Researcher Date



School of Education,

University College Cork

**Student/Pupil Information Sheet (under age 18)**

**Title of Project:** [Insert project title]

**What is the research about?**

This research aims to… [please use age appropriate language/explanation]

**Who is undertaking it?**

This research is being undertaken by… [please use age appropriate language/explanation]

**Why is it being undertaken?**

This study is being conducted to… [please use age appropriate language/explanation]

**What are the benefits of this research?**

The benefit of this research is… [please use age appropriate language/explanation]

**Exactly what is involved for the participant (time, location, etc.)**

[Please insert key project information and use age appropriate language/explanation]

**Right to withdraw**

All participants/schools will remain anonymous and you are free to withdraw from the study at any time without giving a reason. If you choose not to participate in this study this will not affect you in any way. [Please adapt and use age appropriate language/explanation]

**How will the information be used / disseminated?**

[Insert information and please use age appropriate language/explanation]

**How will confidentiality be kept?**

Any personal data which you provide will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation (GDPR). All information gathered will remain confidential and will not be released to any third party. The [insert data collection instrument(s)] has/have been designed so that it/they does/do not ask for identifiable information. Responses to [insert data collection instrument(s)] will be stored separately from the other [insert data collection instrument(s)] responses so that there is no connection between them. Also the reporting of the data is not concerned with individual responses. All data will be stored securely… [insert information on how it will be stored] for 2 years. [Please adapt and use age appropriate language/explanation]

**Contact details:**

This research study has received Ethics approval from the School of Education Research Ethics Committee, UCC. If at any time you have any queries/issues with regard to this study our contact details are as follows:



**Assent Form**

**Title of Project:**

**Name of Researcher:**

**Declaration:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name) agree that the following is true:

Please tick as appropriate:

1. As a participant in this study, I confirm that I have read through the information sheet.

YES  NO

1. As a participant in this study, I do understand the information contained in the information sheet and I have had enough time to consider whether or not I want to participate in this study.

YES  NO

1. I was provided with contact details for the researcher of this study and was encouraged to ask any questions I may have.

YES  NO

1. My participation in this study is completely voluntary.

YES  NO

1. I understand that I may stop participating in this study at any time and rejoin at another stage if desired.

YES  NO

1. I understand that my class work may be used for the purpose of this project and that it will be protected at all times

YES  NO

1. I agree to take part in the other aspects of this study which involves [insert information]

YES  NO

1. I agree that the [insert description of the data to be collected] will be stored securely, for a period of 2 years after the completion of this study.

YES  NO

Signature of Participant Date

Signature of Parent/Guardian Date

Signature of Researcher Date