**ETHICS REVIEW FORM (MA and BA)**

**Department of Film and Screen Media, University College Cork**

**A. Student Section**

Complete sections 1–7 below after discussing your project/dissertation with your lecturer(s)/supervisor(s),

then forward the completed form to them via email.

|  |  |
| --- | --- |
| 1. **Student name and email**
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| 1. **Supervisor *or* Lecturer**
 |  |
| 1. **Date of application**
 |  |
| 1. **Module/Project title**
 |  |
| 1. **Project description (*c*. 150 words):** *including research participants; research methods; and the kinds of data you will gather*
 |  |
| 1. **Checklist:**
 |  | **Yes** | **No** |
| **Does your research involve human or non-human animal subjects?** | [ ]  | [ ]  |
| **Will your research involve subjects from vulnerable groups?**  | [ ]  | [ ]  |
| **Will your participants include persons under 18 years of age?** | [ ]  | [ ]  |
| **Will your research touch on controversial / sensitive issues?** | [ ]  | [ ]  |
| **Is there a realistic risk of participants experiencing either physical or psychological distress?** | [ ]  | [ ]  |
| **Are there other factors that raise the ethical risk of the project?** | [ ]  | [ ]  |
| **Does your project require ethical considerations, beyond the basic release form, for its production?** | [ ]  | [ ]  |
| 1. **How will you address the anticipated ethical dimensions?**
 |  |

**B. Departmental Section**

**To be completed by Supervisor / Lecturer:**

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| --- | --- | --- |
| 1. **I confirm that, in my judgment, the project is potentially:**
 | **Low Risk** [ ]  | **High Risk** [ ]  |
| **Comments/recommendations:** |
| **Signature of Supervisor / Lecturer:** | **Date of Review:**  |

Applications judged ‘Low Risk’ are to be returned to the student with comments and recommendations, if any, and filed in the Departmental Office.

Applications judged ‘High Risk’ are forwarded to the department’s Research Officer/ Ethics Reviewer, who completes sections 9–13 below. The Research Officer may decide to escalate the application for discussion by the Departmental Research Committee. ‘High Risk’ projects supervised by the Research Officer will be reviewed by the Head of Department or the Departmental Research Committee.

**To be completed by Ethics Reviewer:**

|  |  |
| --- | --- |
| 1. **I confirm that, in my judgment, the application should:**
 | **Be approved** [ ]  |
| **Be approved with suggestedamendments in ‘10’** [ ]  |
| **Be approved providing requirementsspecified in ‘11’ are met** [ ]  |
| **NOT be approved for the reason(s) given in ‘12’** [ ]  |

|  |
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| 1. **Approved with the following optional amendments (i.e., it is left to the discretion of the applicant whether or not to accept the amendments; the ethics reviewer does not need to see a revised application):**
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|  |
| 1. **Approved providing the following, compulsory requirements are met (i.e. the ethics reviewer needs to see the required changes):**
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|  |
| 1. **Not approved for the following reason(s) (i.e., the student should discuss the research process in more depth with their supervisor):**
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| --- | --- |
| **Signature of Ethics Reviewer:** | **Date of Review:**  |

*A paper copy of the Review should be kept on file in the Departmental Office for a period of 10 years.*