**Name of Student Applicant:** Click here to enter text. **Name of Supervisor/Director of Studies/Mentor name:** Click here to enter text.

**Title of Research Project:** Click here to enter text.

**Programme of Study (please specify undergraduate or postgraduate course title):** Click here to enter text.

Where research involving human participants or databases of personal information is being conducted by a student or member of staff, the ethical implications of the project must be fully considered.  There are two routes available (see below).

**No research must commence without ethical approval.  If the ethics application is to be reviewed by the Committee, students must ensure BEFORE submission that their Supervisor/Mentor has given feedback on application documentation.**

**CHOICE OF ROUTE FOR ETHICAL APPROVAL: [The Supervisor must complete this page].**

**Please tick either BOX A or BOX B**

|  |  |  |
| --- | --- | --- |
| **A** | I have reviewed this application with my student and consider that this project has no significant ethical implications to be brought before the Ethics Panel **and deem it unnecessary to be reviewed at an ethics panel meeting.** | **BOX A** |
| If ticking BOX A the supervisor must submit this page to the Ethics Administrator (hardcopy/scanned) for entry onto the Faculty Register of Tutor-Approved Applications. **[Also see Important Information for Supervisors/Mentors below]** | | |

|  |  |  |
| --- | --- | --- |
| **B** | I consider that this project **may** have ethical implications that should be brought before the Ethics Panel, and **deem it necessary to be addressed at the next Panel meeting.** | **BOX B** |
| If ticking BOX B this page must be submitted **WITH** the full application**. [Also see Important Information for Supervisors/Mentors below]** | | |

|  |
| --- |
| **IMPORTANT INFORMATION FOR SUPERVISORS**  **FOR BOX A APPLICATIONS – NOT REQUIRING COMMITTEE APPROVAL**  If you are satisfied that this application does NOT require committee approval, you must:   1. Send a copy of this application for the attention of: Helen Harding-Jones at [EDN-ADMIN@ljmu.ac.uk](mailto:EDN-ADMIN@ljmu.ac.uk) for entry onto the Faculty Register of Tutor-Approved Ethics Applications, **AND** (b) Store a hard and/or electronic copy of the application and supporting documents so it is accessible by the university for audit purposes for a period of 12 months from the date of application  **FOR BOX B APPLICATIONS – REQUIRING COMMITTEE APPROVAL**   If you consider that committee approval IS required for this application, you must:   1. submit an electronic copy of the completed application, to include this page and all supporting documents as ONE file (not as separate attachments) for the attention of Helen Harding-Jones at [EDN-ADMIN@ljmu.ac.uk](mailto:EDN-ADMIN@ljmu.ac.uk) by the relevant deadline |

**SECTION A: THE APPLICANT**

A1. **Title of the Research Project:** Click here to enter text.

A2. **Personal Details of Applicant / Principal Investigator (PI) –** *the student is designated at the PI*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Forename:** | Click here to enter text. | **Surname:** | Click here to enter text. |
|  | | | |
| **LJMU Email:** | Click here to enter text. | **Telephone:** | Click here to enter text. |
|  | | | |
| **Term Time Address:** | Click here to enter text. | | |
|  | | | |
| **Programme of Study/ Job Title**: | Click here to enter text. | | |

A3. **Co-applicant** – *the Project Supervisor/Mentor is the co-applicant*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Forename:** | Click here to enter text. | | **Surname:** | Click here to enter text. |
|  | | | | |
| **LJMU Email:** | | Click here to enter text. | **Telephone:** | Click here to enter text. |
|  | | | | |
| **Post:** | | Click here to enter text. | | |
|  | | | | |

**SECTION B: PROJECT DETAILS**

B1. **Proposed Study Dates**

Start Date: Click here to enter a date. End Date: Click here to enter a date.

B2. **Background. Please provide brief details of the purpose of the project and the rationale for the main research questions or issues to be considered.**

|  |
| --- |
| Click here to enter text. |

B3. **Research Design. Please give a summary of the design and methodology of the planned research including details of procedures to be employed (e.g. interview, observation, questionnaire)**

|  |
| --- |
| Click here to enter text. |

B4. **Where questionnaires are to be used, have these previously been validated?**

Yes  No

If YES, state by whom and when. If NO, you must append a copy of the questionnaire to this application. Where interviews (structured or semi-structured) are proposed you must append an outline of the interview schedule with this application.

Please confirm in the box below if you have appended a questionnaire or interview schedule to this application.

|  |
| --- |
| Click here to enter text. |

Do you intend to audio record interviews? Please ensure this information is included on participant information sheets and consent forms.

Yes  No

B5.  **Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting or is it possible that criminal or other disclosures requiring action could take place during the study? (e.g. during interviews or focus groups):**

Yes  No

If YES, give details of procedures in place to deal with these issues. Information given to participants should make it clear under what circumstances action may be taken.

|  |
| --- |
| Click here to enter text. |

B6. **Where will the research take place?** i.e. LJMU premises, participants’ homes, public places etc.

|  |
| --- |
| Click here to enter text. |

**SECTION C: THE PARTICIPANTS**

C1. **Identify the participants for the study.** i.e. LJMU staff, LJMU students, members of the public, other – specify.

|  |
| --- |
| Click here to enter text. |

C2. **How will the participants be selected, approached and recruited? If participants are to be approached by letter / email, please append a copy of the correspondence when you submit your application**

|  |
| --- |
| Click here to enter text. |

C3. **What is the total number of participants?**

|  |
| --- |
| Click here to enter text. |

C4. **How was this number decided?**

|  |
| --- |
| Click here to enter text. |

C5. **Will any of the participants come from any of the following groups.** Please tick all that apply

|  |  |
| --- | --- |
|  | Children under 16 |
|  | Adults with Learning Disabilities |
|  | Adults with mental illness |
|  | Drug / Substance users |
|  | Adults with dementia |
|  | Young Offenders |
|  | People without capacity to consent |
|  | Those with a dependant relationship with the investigator |
|  | Other vulnerable groups (please specify below)  Click here to enter text.  Justify the inclusion of any of the groups ticked above.  Click here to enter text.  Will your research therefore require you to undertake a DBS (Disclosure and Barring Service) Check?  Click here to enter text.  Do you have a current DBS certificate?  Click here to enter text. |

C6. **Does your study have inclusion or exclusion criteria? If so, please state here (eg. Participants included/excluded by age, age range, gender, ethnicity, member of organisation, other)**

|  |
| --- |
| Click here to enter text. |

C7.  **Will any payments / rewards be made to participants for out of pocket expenses?**

Yes  No

If YES, what or how much?

|  |
| --- |
| Click here to enter text. |

C8. Wherever possible research should be disseminated to participants. Will the participants be given the opportunity to find out about the outcomes of the research?

Yes  No

**SECTION D: CONSENT**

D1. **Will informed consent be obtained from:** Please tick all that apply

|  |  |
| --- | --- |
|  | The research participants? |
|  | The research participants’ carers or guardians? |
|  | Gatekeepers to the research participants (i.e. school authorities, service providers) |

D2. **Will a signed record of consent be obtained?**

**see** [Consent Form Template](https://www.ljmu.ac.uk/students/supporting-your-study/faculty-based-support/faculty-research-ethics) [Assent Form Template](https://www.ljmu.ac.uk/students/supporting-your-study/faculty-based-support/faculty-research-ethics) [Gatekeeping Information Guidance and Consent Form](https://www.ljmu.ac.uk/~/media/files/ljmu/students/GatekeeperInformationSheetConsentFormV1Apr15)

If you intend to gain implied consent when participants complete a questionnaire, please include a statement at the top of the questionnaire confirming that participants have read a Participant Information sheet.

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
| Click here to enter text. | |

D3. **Will participants, and where applicable, carers, guardians or gatekeepers be provided with an information sheet regarding the nature, purpose, risks and benefits of the study?**

See [Participant Information Guidance](https://www.ljmu.ac.uk/students/supporting-your-study/faculty-based-support/faculty-research-ethics) Form

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
| Click here to enter text. | |

D4a. **Will prospective participants be able to withhold consent (refuse to take part)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
| Click here to enter text. | |

D4b. **Will participants be able to withdraw from the study whilst it is ongoing (after they have consented to take part)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
| Click here to enter text. | |

D4c. **Will participants be able to withdraw from the study after data collection has ended (will it be possible to identify and remove an individual’s data once it has been collected)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
| Click here to enter text. | |

**SECTION E: RISKS (Where significant risks are identified an LJMU risk assessment form must be completed)**

E1. **Describe any potential adverse effects, risks or hazards, including any discomfort, distress or inconvenience, of involvement in the study for research participants.** Explain any risk management procedures which will be put in place

|  |
| --- |
| Click here to enter text. |

E2. **Describe in detail any potential adverse effects, risks or hazards (mild, moderate, high or severe) or involvement in the research for the researchers (e.g. lone working).** Explain any risk management procedures that will be put in place

|  |
| --- |
| Click here to enter text. |

**SECTION F: DATA ACCESS AND STORAGE**

F1. **Personal Data Management**

**Will the study involve the collection and storage of personal, identifiable or sensitive information from participants? (e.g. names, addresses, telephone numbers, date of birth, postcode, medical records, academic records).****Please note that signed consent forms also constitute personal data.**

|  |  |
| --- | --- |
| Yes | No |
| If YES, please provide details of what personal information will be collected and stored | |
| Click here to enter text. | |

*You must store any hard copies of personal data (e.g. printed data sheets, signed consent forms) in locked cupboards or filing cabinets and any electronic data containing personal information* ***must*** *be stored securely on LJMU password protected computers. This includes storage of audio visual recordings.*

*Personal data* ***must not*** *be stored on USB drives or other portable media or stored on home or personal computers.*

*Personal email addresses and telephone numbers should not be used on any documentation.*

*Where the use of verbatim quotes is proposed in future publications or presentations or it is intended that information is gathered using audio/visual recording devices explicit consent for this must be sought from participants.*

**F2. Will you share personal, identifiable data with other organisations outside of LJMU or with people outside of your research team?** *(e.g. Director of Study, Mentor, co-applicants)*

|  |  |
| --- | --- |
| Yes | No  Not Applicable |
| If YES, please provide further details. | |
| Click here to enter text. | |

**F3**. **How long will personal, identifiable data collected during the study be stored?**

|  |
| --- |
| Click here to enter text. |

**SECTION H: DECLARATION**

I declare that the proposed investigation described in this application will be carried out as described and that at all times the Regulations and Guidelines of the University’s Ethics Committee will be adhered to. If there is a major deviation from the investigation described here the written permission of the Faculty Research Ethics Committee will be sought. Please tick the box to agree that by submitting your application electronically, you agree to this declaration:

I confirm that I have completed the online LJMU Research Ethics Training (certificate attached):

Date: Click here to enter a date.

**Supervisor/Mentor Print Name:** Click here to enter text.

Supervisor/Mentor must tick the box here to confirm that you have reviewed and support this application :

**SECTION I: CHECKLIST OF ATTACHMENTS (Please tick relevant boxes)**

**Please include all supporting documents ticked below as part of your application NOT as separate files/documents**

|  |  |
| --- | --- |
|  | Certificate of completion – LJMU Research Ethics Online Training |
|  | Copies of any recruitment/advertisement material, eg. Letters, emails, posters etc. |
|  | Participant Information Sheet |
|  | Carer Information Sheet |
|  | Gatekeeper Information Sheet |
|  | Participant Consent Form |
|  | Carer Consent Form |
|  | Gatekeeper Consent Form |
|  | Non-validated questionnaires |
|  | Interview schedule |
|  | Risk Assessment Form |
|  | Other please specify below:  Click here to enter text. |