When undertaking a research or innovation project, Cardiff Met staff and students are obliged to complete this form in order that the ethics implications of that project may be considered.

The document ***Ethics application guidance notes*** will help you complete this form and is available from the Ethics Governance Section of the Cardiff Met website. The School or Unit in which you are based may also have produced some guidance documents which you can access via your supervisor or School Ethics Coordinator.

**PLEASE NOTE:
Participant recruitment or data collection MUST NOT commence until ethics approval has been obtained.**

**PART ONE**

|  |
| --- |
| **1A: GENERAL INFORMATION** |
| Name of applicant: | Click here to enter text. |
| Supervisor (if student project): | Click here to enter text. |
| School / Unit: | Click here to enter text. |
| Student number (if applicable): | Click here to enter text. |
| Programme enrolled on (if applicable): | Click here to enter text. |
| Project Title: | If using a working title, it should convey what the project is about |
| Expected start date of data collection: | Click here to enter a date. |
| Approximate duration of data collection: | Click here to enter text. |
| Funding Body (if applicable): | Click here to enter text. |
| Other researcher(s) working on the project: | If your collaborators are external to Cardiff Met, include details of the organisation they represent. |
| Will the study involve NHS patients or staff? | If yes, attach a copy of your NHS application to this form |
| Will the study involve human samples and/or human cell lines? | Choose an item. |
|  |
| **1B: Does your project fall entirely within one of the following categories:** |
| Desk based, involving only documents and not involving the collection of data from participants | Choose an item. |
| Laboratory based, not involving human participants, human samples, animals or animal derived material | Choose an item. |
| Practice based not involving human participants (eg curatorial, practice audit) | Choose an item. |
| Answering **YES** to any of these questions indicates that the project does not include any participants and you will not therefore be collecting participant data. If this is the case, please provide a short (150 words) non-technical summary of the project, complete the Declaration at the bottom of the form and forward this form to your School Ethics Committee (or equivalent). No further information regarding your project is required and you do not need to complete any more sections of this form.If you have answered **NO** to all of these questions, please proceed to 1C. |
| Non-technical summary of the project: |
| Click here to enter text. |
|  |
| **1C: Does your project fall entirely within one of the following categories:**  |
| Compulsory projects in professional practice (eg Initial Teacher Education) | Choose an item. |
| A project for which NHS approval has been obtained NB If this is the case, please ensure that you submit copies of the following with this form: * any questionnaires to be used
* participant consent / asset form and withdrawal form
* participant information sheets
 | Choose an item. |
| A project which is not compulsory in professional practice and has gained external ethics approval from a body other than the NHS. NB If this is the case, please ensure that you submit a copy of the approved ethics application with this form.  | Choose an item. |
| If you have answered **YES** to any of these questions, please provide a short (150 words) non-technical summary of the project and **complete the rest of Part One of this form**. You do not need to complete Part Two.Forward your completed form, along with any additional documents required (as indicated above) to your School Ethics Committee (or equivalent). If you have answered **NO** to all of these questions, please complete the rest of this form including Part Two. |
| Non-technical summary of the project: |
| Click here to enter text. |
|  |
| **1D: DATA COLLECTION AND STORAGE** |
| What types of data will you collect or create? |
| Click here to enter text. |
| How will you manage access to and security of the data? |
| Click here to enter text. |
| Will the data collected be subject to the data retention protocols of any of the following bodies?* Human Tissue Authority (HTA)
* Health and Care Research Wales (HCRW)
* Applications involving the NHS which will be submitted via IRAS
 |
| Yes [ ] For any project which is subject to the data retention protocols of an external body listed, you must develop a data storage plan to be submitted alongside this document for consideration by your School or Unit Ethics Panel. |
| No [ ] Please confirm that the data collected will be stored in a manner which complies with Cardiff Met requirements via one of the following statements. |
| **STATEMENT 1: FOR STUDENTS ON TAUGHT COURSES**I confirm that any non-anonymised data related to research participants will only be stored on OneDrive and that all data held elsewhere will be deleted, unless it is anonymised. | [ ]  |
| **STATEMENT 2: FOR STAFF APPLYING ON BEHALF OF STUDENTS ON TAUGHT COURSES**I confirm that all students covered by this application are aware of their obligation to ensure that non-anonymised data related to research participants must only be stored on their Cardiff Met student OneDrive account and that all data held elsewhere must be deleted, unless it is anonymised. | [ ]  |
| **STATEMENT 3: FOR RESEARCH STUDENTS AND STAFF**I confirm that any non-anonymised data related to research participants will be stored in a secure manner (using a platform such as OneDrive or FigShare) and that all data held elsewhere will be deleted unless it is anonymised. | [ ]  |

|  |
| --- |
| **DECLARATION:****I confirm that this project conforms with the** [**Cardiff Met Research Integrity & Governance Framework**](http://www.cardiffmet.ac.uk/research/Pages/Research-Integrity-and-Governance.aspx)**I confirm that I will abide by the Cardiff Met requirements regarding confidentiality and anonymity when conducting this project.****STUDENTS: I confirm that I will not disclose any information about this project without the prior approval of my supervisor.** |
| Signature of the applicant: | Date:  |
| **FOR STUDENT PROJECTS ONLY** |
| Name of supervisor:  | Date:  |
| Signature of supervisor: |

|  |
| --- |
| **Research Ethics Committee use only** |
| Decision reached: Click here to enter text. |
| Project reference number: Click here to enter text. |
| Name: Click here to enter text. | Date: Click here to enter a date. |
| Details of any conditions upon which approval is dependant:Click here to enter text. |

**PART TWO**

|  |
| --- |
| **If you haven’t already done so elsewhere on this form, in the box below, provide a short (150 words), non-technical summary of the project.** |
| Click here to enter text. |
| **A RESEARCH DESIGN** |
| A1 Will you be using an approved protocol in your project? | Choose an item. |
| A2 If yes, please state the name and code of the approved protocol to be used[[1]](#footnote-1) |
| Click here to enter text. |
| A3 Describe the research design to be used in your project |
| In this section, include details (as appropriate) of:- research method(s);- sample and sampling;- participants including recruitment methods, activities to be undertaken, time commitment, details of any proposed payments;- analytical techniquesIf your project does involve the use of an approved protocol, much less detail will be required but you should indicate which areas of the project are covered by the protocol. |
| A4 Will the project involve deceptive or covert research? | Choose an item. |
| A5 If yes, give a rationale for the use of deceptive or covert research |
| Click here to enter text. |
| A6 Will the project have security sensitive implications? | Choose an item. |
| A7 If yes, please explain what they are and the measures that are proposed to address them  |
| Click here to enter text. |

|  |
| --- |
| **B PREVIOUS EXPERIENCE** |
| B1 What previous experience of research involving human participants relevant to this project do you have? |
| Click here to enter text. |
| B2 **Student project only**What previous experience of research involving human participants relevant to this project does your supervisor have? |
| Click here to enter text. |

|  |
| --- |
| **C POTENTIAL RISKS** |
| C1 What potential risks do you foresee? |
| Include details of risks to the participants, the researcher and the project as a whole. |
| C2 How will you deal with the potential risks? |
| Click here to enter text. |

When submitting your application you **MUST** attach a copy of the following:

* All information sheets
* Consent/assent form(s)
* Withdrawal of consent form

An exemplar information sheet, exemplar participant consent form and exemplar participant withdrawal form are available via the research section of the Cardiff Met website (see section on Ethics Governance). These are based on good practice and will be useful in the majority of cases. However, it is recognised that in some cases a project will be subject to requirements from an external body. Use of these exemplars is therefore not obligatory.

1. An Approved Protocol is one which has been approved by Cardiff Met to be used under supervision of designated members of staff. For details of protocols in use in your School or Unit, contact your Ethics Coordinator [↑](#footnote-ref-1)