Ethics Submission Form

Faculty of Education, Health and Well-being

* You must complete all sections of this form in as much detail as possible
* Your form **will be returned** if it is incomplete
* You must have received approval for your research project before you can begin any data collection
* Applications are submitted to [fehwethics@wlv.ac.uk](mailto:fehwethics@wlv.ac.uk)
* Applications received by the 1st of the month will be reviewed and a response given by the last working day of the same month (unless you are notified otherwise)No

**Section One**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: | Enter First Name here | University Student Number: | | Enter your student number here if applicable |
| Surname: | Enter Surname here | Daytime Contact Number: (in case we need to contact you) | | Enter a contact number here |
| University Email Address: | Enter your University email address only |
| Name of Project Supervisor, Director of Studies or Principal Investigator: | | | Enter names here | |

Choose one option below for the category of your project Choose an item.

**CATEGORY 0** projects are non-hazardous; do not employ participants and use only existing material publicly and legally available in the UK. They do not meet the criteria for Category A or B.

**CATEGORY A** projects usually involve the participation of people (or people’s specific data/information), rather than secondary data sources such as published memoirs etc., but are not deemed hazardous to the physical or psychological welfare of the participant or the investigator. They do not employ vulnerable individuals, in the context of the specific research, or investigate issues likely to give grounds for offence.

**CATEGORY B** projects are likely to involve significant physical intervention between the researcher and the participants. This includes the use of any procedure (including administering of questionnaires or interviews on sensitive issues) that could cause psychological harm or suffering to the participants. In such cases, the participants’ vulnerability is determined in relation to the methods and content of the research project rather than by an assumption of being ‘at risk’.  A first degree in an appropriate subject, or other relevant professional recognition, is a minimum requirement for carrying out category B projects.

Subject area your research/project is located (Please check all that apply)

FEHW

Education

Health

Sport

Psychology

FSE

FABSS

COLT

Cross University Project

Other (Please give details below)

Social Care or Social Work

Give details of service user involvement in the development and/or completion of the research. (Service users refers to people who are in current contact with/using the health or social care service/s which are part of your research project, whether or not you are a member of staff in that service)

Click here to enter text. This box will expand as required.

Please provide a start and anticipated end date for your research project **(the start date refers to the point at which you will start collecting data- this cannot be before you have received ethical approval).**

Start Date: Click or tap to enter a date.

End Date: Click or tap to enter a date.

**Section Two**

2.1 Project title:

Click here to enter text. This box will expand as required.

2.2 Give details of proposed research questions/hypothesis

Click here to enter text. This box will expand as required.

2.3 Briefly outline your project, stating the rationale, aims and expected outcomes (300 words max)

Click here to enter text. This box will expand as required.

2.4 How will your research be conducted? (750 words max)

Describe the methods so that it can be easily understood by the Ethics Committee. Ensure that acronyms and subject specific terminology are clearly explained.

Click here to enter text. This box will expand as required.

2.5a Does your research involve children under 18 years of age? Choose an item.

2.5b If yes, do you have an Enhanced Disclosure Certificate from the Criminal Records Bureau/Disclosure and Barring Service Choose an item.

2.6 Are participants in your study going to be recruited from a potentially vulnerable group? (When considering vulnerability, think about the circumstances of your participants, and also the relationship (e.g. power dynamic, perceived potential effects on care, or on student progression) between the participants and the researcher)

If you have answered ‘Yes’ above, click here to enter text.

2.7 How will your data be analysed?

Click here to enter text. This box will expand as required.

2.8 Is permission to conduct your research required by an external agency? (e.g. NHS, other university, outside organisation) If yes, evidence of that permission must be submitted either with this form, or sent on before ethical approval can be granted

2.9 What, in your view, are the ethical considerations involved in this project? (e.g. confidentiality, consent, risk, physical or psychological harm, etc.) Please explain in full sentences, do not simply list the issues. Please make it clear how you are going to deal with issues with regard to your own welfare and safety, if applicable.

Confidentiality:

Consent:

Click here to enter another area.

Click here to enter another area.

2.10 Have participants been/will be fully informed of the risks and benefits of participating and of their right to refuse participation or withdraw from the research at any time?

2.11 How will you ensure that the identity of your participants is protected?

2.12 How will you ensure that the data remains confidential?

2.13 How will you store your data during and after the project?

Click here to enter text. This box will expand as required.

2.14 Please list references.

Click here to enter text. This box will expand as required.

**Section Three**

3.1 Is this data set of potentially illicit origin?\* Choose an item.

*\*We may need to consider requests for ethical approval from researchers using data that was obtained without the consent of the original data owners or data subjects.*

3.2 Does your research fit into any of the following security-sensitive categories? See RPU website [here](https://www.wlv.ac.uk/research/research-policies-procedures--guidelines/ethics-guidance/)

Security Sensitive Category Choose an item.

Commissioned by the military Choose an item.

Commissioned under an EU security call Choose an item.

Involve the acquisition of security clearances Choose an item.

Concerns terrorist or extreme groups Choose an item.

**If you have answered yes to any part of question 3.2 please ensure that you complete questions 3.3 – 3.8**

3.3 Does your research involve the storage on a computer of any records, statements or other documents that can be interpreted as promoting or endorsing terrorist acts? Choose an item.

3.4 Will your research involved the electronic transmission (e.g. as an email attachment) of any records or statements that can be interpreted as promoting or endorsing terrorist acts? Choose an item.

3.5 Do you agree to store electronically on a secure University file store any records or statements that can be interpreted as promoting or enduring terrorist acts? Do you also agree to scan and upload any paper documents with the same sort of content? Access to the file store will be protected by a password unique to you.

Choose an item.

If you have chosen ‘No’ click here to enter text.

3.6 Do you agree NOT to transmit electronically to any third party documents in the University secure document store? Choose an item.

3.7 Will your research involve visits to websites that might be associated with extreme or terrorist organisations? See RPU website [here](https://www.wlv.ac.uk/research/research-policies-procedures--guidelines/ethics-guidance/) Choose an item.

If you have chosen ‘Yes’ click here to enter text.

3.8 You are advised that visits to websites that might be associated with extreme or terrorist organisations may be subject to surveillance by the police. Accessing those sites from University IP addresses might lead to police enquiries. Do you understand this risk? Choose an item.

**Section Four**

4.1 Appendices (All submissions)- list the items that you are submitting with this document to [FEHWEthics@wlv.ac.uk](mailto:FEHWEthics@wlv.ac.uk). You MUST provide all research instruments, recruitment posters and leaflets, information sheets, consent forms, risk assessment (if research is carried out abroad).

Click here to enter text. This box will expand as required.

**Section Five- COMPLETION REQUIRED FOR STUDENT APPLICATIONS**

**Confirmation of Supervisory input: SUPERVISOR MUST COMPLETE this section.**

**Date of initial submission**: Click here to enter a date.

**I confirm that this ethics application has been discussed with me, as the student’s supervisor, and I consider that the application is ready for submission to the Ethics Committee.**

Comments: Click here to enter text. This box will expand as required.

Name of supervisor giving approval for submission: Click here to enter name.

Signed (This form must have a valid signature): Click here to paste signature.

Date: Click here to enter a date.

**Confirmation of Supervisory input: SUPERVISOR MUST COMPLETE this section.**

**Date of revised submission**: Click here to enter a date.

**I confirm that the revised ethics application above has been discussed with me, as the student’s supervisor, and I consider that the amendments required by the Ethics Committee have been made. I understand that if they have not, the application will be returned without review.**

Comments: Click here to enter text. This box will expand as required.

Name of supervisor giving approval for the student to resubmit: Click here to enter name.

Signed (This form must have a valid signature): Click here to paste signature.

Date: Click here to enter a date.

**Confirmation of Supervisory input: SUPERVISOR MUST COMPLETE this section.**

**Date of revised submission**: Click here to enter a date.

**I confirm that the revised ethics application above has been discussed with me, as the student’s supervisor, and I consider that the amendments required by the Ethics Committee have been made. I understand that if they have not, the application will be returned without review.**

Comments: Click here to enter text. This box will expand as required.

Name of supervisor giving approval for the student to resubmit: Click here to enter name.

Signed (This form must have a valid signature): Click here to paste signature.

Date: Click here to enter a date.

**Confirmation of Supervisory input: SUPERVISOR MUST COMPLETE this section.**

**Date of revised submission**: Click here to enter a date.

**I confirm that the revised ethics application above has been discussed with me, as the student’s supervisor, and I consider that the amendments required by the Ethics Committee have been made. I understand that if they have not, the application will be returned without review.**

Comments: Click here to enter text. This box will expand as required.

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Signed (This form must have a valid signature): Click here to paste signature.

Date: Click here to enter a date.