### Faculty of Science & Engineering Research Ethics Committee

### Full Application Form

**Form must be Typed**

*[If your research involves Hospital or GP patients (or HSE members of staff) recruited in medical facility then you will need to apply to the local HSE ethics committee not the FREC].*

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| **1** | **Title of Research Project** |
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| **1a** | **Type of Project (eg. FYP, Masters or PhD Dissertation)** |
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| **2** | **Period for which approval is sought (insert an End Date only)** |
|  | **Start Date**: Date of Approval **End Date**: Click or tap to enter a date. |

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| **3** | **Project Investigators** |

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| **3a** | **Principal Investigator (Supervisor)** |
| **Name** |       |
| **Department** |       |
| **Position** |       |
| **Qualifications** |       |
| **Telephone Number** |       |
| **e-mail address** |       |
| I, the supervisor, confirm that I have reviewed this application and agree to its submission for review, **TICK**; [ ]  |

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| **3b** | **Other Investigators (Student)** |
| **Name** | **Qualifications & Affiliation** | **Signature** |
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| **4** | **Head of Department(s)** |
| I have read through this application and am aware of the possible risks to participants involved in this study. I hereby authorise the Principal Investigator named above to conduct this research project.  |
| **Name** | **Department** | **Date** | **Signature** |
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| **5** | **Study Descriptors**  |
| *Please indicate the terms that apply to this research project – PLEASE CLICK BOXES* |
| Healthy Adults |[ ]  Healthy Children (< 18 yrs) |[ ]
| Patient Adults |[ ]  Patient Children (< 18 yrs) |[ ]
| ‘Potentially Vulnerable’ Adults |[ ]  ‘Potentially Vulnerable’ Children |[ ]
| Physical Activity |[ ]  Questionnaire/Interview |[ ]
| Medical Devices / Drugs |[ ]  Video Recording/Photography |[ ]
| Food/Drink Supplementation |[ ]  Collection of Personal Details |[ ]
| Measure Physical in Nature |[ ]  Measure Psychological in Nature |[ ]
| Body Tissue Samples |[ ]  Observational |[ ]
| Body Fluids Samples (e.g. blood) |[ ]  Record Based |[ ]

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| **6** | **Project Description** |
| **6a** | **Justification for Research Project** *(Include reference to published work)*        |

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| **6b** | **Hypotheses or questions to be answered** |
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| **6c** | **Plan of Investigation*****Please detail the research methods used in context of the work that includes participants. Please include the logistical considerations of the participants (incl. COVID restrictions in your plan, if appropriate)*** |
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| **6d** | **Will the participants be recorded? Yes** [ ]  **No** [ ]  ***Please click appropriate box*****If Yes, will the recordings be Video** [ ]  **and/or Audio** [ ] ***If Video please state what will be recorded below – participants face, or just hands/gestures.*****Why is Video and/or Audio recording required?** ***Recording must be destroyed after transcription, please state this.***  |
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| **6e** | **Will a prototype be developed? Yes** [ ]  **No** [ ]  ***Please click appropriate box*****If Yes what format will this prototype take, what will it do, how will it be used?** |
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| **6f** | **Research procedures** |

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| **6g** | **Associated risks to subjects** |

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| **6h** | **Statistical approach to be used and source of any statistical advice** |
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| **6i** | **Location(s) of Project** |

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| **7** | **Subjects** |

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| **7a** | **How will potential research participants be sourced and identified?**  |

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| **7b** | **Will research participants be recruited via advertisement (poster, e-mail, letter)?** |
|  | **YES** | **[ ]**  | **[ ]**  | **NO** |
|  | **If YES, please provide details below, or attach the recruitment advertisement if written.** |

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| **7c** | **How many participants will be recruited?** |
|  | **Male** |  |  | **Female** |
|  | **Provide further information if necessary** |

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| **7d** | **What are the principal inclusion criteria?** (*Please justify*) |

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| **7e** | **What are the principal exclusion criteria?** (*Please justify*) |
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| **7f** | **What is the expected duration of participation for each participant?** |

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| **7g** | **What is the potential for pain, discomfort, embarrassment, changes to lifestyle for the research participants?** |

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| **7h** | **What arrangements have been made for participants who might not adequately understand verbal explanations or written information in English?**  |

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| **7i** | **Have arrangements been made to accommodate individuals who do not wish to participate in the research? *NB This mainly relates to research taking place in a classroom setting, please tick N/A if your research is not taking place in a classroom.*****Yes** [ ]  **No** [ ]  **N/A** [ ]  ***Please click appropriate box*** **If YES, Please state what these arrangements are.**      |

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| **7j** | **Will subjects receive any payments or incentives, or reimbursement of expenses for taking part in this research project?****Yes** [ ]  **No** [ ]  ***Please click appropriate box***  |
| **If YES, please provide details below, and indicate source of funding:** |

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| **8** | **Confidentiality of collected data** |

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| **8a** | **What measures will be put in place to ensure confidentiality of collected data?**  |

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| **8b** | **Where will data be stored, ie Room Number?**  |

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| **8c** | **Who will have custody and access to the data?** |

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| **8d** | **Data must be stored for 7 years after publication:** How do you propose to store the information once the project is completed? Will the file/computer be password protected? (Information must not be stored on student’s PC or on a USB Key)Where will the information be stored (room number): |

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| **9** | **Drugs or Medical Devices**  |

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|  | **Are Drugs or Medical Devices to be used?****Yes** [ ]  **No** [ ]  ***Please click appropriate box***  |
|  | **If YES please complete 9a to 9c** |

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| **9a** | **Details of the Drugs or Devices (including name, strength, dosage, route of administration)** |

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| **9b** | **Details of Clinical Trial Certificate, Exemption Certificate or Product Licence (The Product Licence must cover the proposed use in the Project)** |

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| **9c** | **Details of any Risks (Both to subjects and staff; indicate current experience with the drug or device)** |

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| **10** | **Insurance Cover** |

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| Insurance cover is required for all research carried out by UL employees. Principal Investigators/Supervisors should carefully view the University’s ‘Guidelines on Insurance Cover for Research’ document and the University’s Insurance cover to ascertain if their proposed research is covered. These documents are available at [www.ul.ie/insurance](http://www.ul.ie/insurance). Where any query arises about whether or not proposed research is covered by insurance, the Principal Investigator/Supervisor must contact the University’s Insurance Administrator at cliona.donnellan@ul.ie to confirm that the required level of insurance cover is in place.Please indicate by way of signature that the research project is covered by UL’s insurance policies:**PI/Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE:** Click or tap to enter a date. |

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| **11** | **Research Privacy Notice** |

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| The Research Privacy Notice must be provided to all participants. It is the responsibility of the Principal Investigator to make sure that it has been completed correctly. This form will not be reviewed by the S&E Research Ethics Committee. Please indicate by way of signature that the Research Privacy Notice form has been completed:**PI/Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE:** Click or tap to enter a date. |

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| **12** | **Information Documents** |

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| **Please note: failure to provide the necessary documentation will delay the consideration of the application. Please complete the checklist below:** Please Click

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| 1. Participant Information Sheet
 |[ ]
| 1. Participant Informed Consent Form
 |[ ]
| 1. Parent/Guardian Information Sheet
 |[ ]
| 1. Parent/Guardian Informed Consent Form
 |[ ]
| 1. School Principal Information Sheet
 |[ ]
| 1. School Principal Informed Consent Form
 |[ ]
| 1. Teacher Information Sheet
 |[ ]
| 1. Teacher Consent Form
 |[ ]
| 1. Child Protection Form (must be included if dealing with <18 year olds)
 |[ ]
| 1. Questionnaire & Explanatory Cover Letter
 |[ ]
| 1. Interview/Survey Questions
 |[ ]

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| 1. Google link to Questionnaire/Survey Questions
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| 1. Recruitment letters/Advertisements/Emails/Social Media text, etc.
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***Please ensure any additional documents are included with this application.******These should be attached as a single document and included in the e-mail submission.*** |

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| **13** | **Declaration** |

The information in this application form is accurate to the best of my knowledge and belief, and I take full responsibility for it.

I undertake to abide by the ethical principles outlined in the Science & Engineering Research Ethics Committee guidelines.

If the research project is approved, I undertake to adhere to the study protocol without unagreed deviation, and to comply with any conditions sent out in the letter sent by the Science & Engineering Research Ethics Committee notifying me of this.

I undertake to inform the Science & Engineering Research Ethics Committee of any changes in the protocol, and to submit a Report Form upon completion of the research project.

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| Name of Principal Investigator |  |
| Signature of **Principal Investigator**(or Head of Department\*) |  |
| Date | Click or tap to enter a date. |

\****Please note:*** *where the Principal Investigator is not a permanent employee of the University of Limerick, the relevant Head of Department should sign this declaration.*

1. Once completed, the complete, signed application with supporting documentation should be submitted **electronically in pdf format** to sciengethics@ul.ie

2. **This form must be submitted and approval granted before the study begins.**



**S&EREC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

INFORMATION SHEET

Dear Participant,

My name is ???? and I am currently undertaking a ?Final Year Project/Master’s Thesis/PhD? at the University of Limerick under the supervision of ?Dr or Prof.?. The title of my proposed research is ??? The purpose of this project is to ????

*Give a brief description and methods being used, for example interview/group discussion etc. The description should briefly explain what a participant will be asked to do, focus on what information is pertinent to make a decision on whether they would like to participate or not. Avoid detailed background or literature.*

*Participants should be informed of any risks involved in the study, arrangements for confidentiality, and how the information collected will be used. Participants should also be informed if they are to be audio/video recorded. It should be stated that recordings will be destroyed once they have been transcribed. Also, inform them of the length of time required for their participation.*

*Example: As part of this study I would like to interview you to get your view on ???. The interview will take place online using MSTeams and will last ?? minutes. The interview will be audio recorded with your permission and the recordings will be destroyed once they have been transcribed. There is no risk to you when participating in this study. Your participation will remain anonymous and your name or any other information that would identify you will not be used in the final report.*

*There are two further phases to this project, and I would be grateful if you could indicate, on the consent form, whether you would be willing to be contacted further about this project. Phase 2 involves a co-design workshop and Phase 3 involves testing and evaluating a prototype.*

Your participation is voluntary, and you have the right to withdraw at any time.

If you have further questions regarding this research, please feel free to get in touch with either myself or my supervisor using the email addresses listed below.

If you have concerns about this study and wish to contact someone independent, you may contact: The Chair, Faculty of Science & Engineering Research Ethics Committee, University of Limerick, Limerick. Tel: 061 237719

Yours sincerely,

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| --- | --- |
| Student Name, Email address (UL email only, no mobile number) | Supervisor Name, Department, Telephone Number Email address |

# https://sharepoint.ul.ie/SiteDirectory/ULBrandResources/UL%20Logos%20%20Designer%20Only%20Files/Digital_RGB/UL_Master_Logo_RBG.jpg.jpg

**S&EREC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# FACULTY OF SCIENCE & ENGINEEREING

RESEARCH ETHICS COMMITTEE

**Ethical Consent Form**

I, the undersigned, declare that I am willing to take part in research for the project entitled

“*INSERT Name of Research Project*”.

* I declare that I have been fully briefed on the nature of this study and my role in it and have been given the opportunity to ask questions before agreeing to participate.
* The nature of my participation has been explained to me, and I have full knowledge of how the information collected will be used.
* I am aware that my participation in this study will be audio/video recorded and I agree to this. However, should I feel uncomfortable at any time, I can request that the recording software be switched off.
* I am aware that such information may also be used in future academic presentations and publications about this study.
* I fully understand that there is no obligation on me to participate in this study.
* I fully understand that I am free to withdraw my participation without having to explain or give a reason, up to a period of two weeks after the data collection is completed.
* I know that I have been asked not to discuss the content of the focus group discussion, or the identity of its participants with anyone.
* I acknowledge that while the researcher has asked all focus groups participants to maintain confidentiality in the above manner, the researcher cannot guarantee that individual participants will adhere to this request.
* I acknowledge that the researcher does guarantee that they will not use my name or any other information, that would identify me in any outputs of the research.
* I declare that I have read and fully understand the contents of the Research Privacy Notice.

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Signature of participant Date

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Signature of Investigator Date

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| **Please Click** |  |
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**Consent to Contact about Similar Future Research**

By **ticking** **the box**, I explicitly consent to the University contacting me as part of current or similar future research and holding my contact details on its database for the purpose of contacting me.

**In all cases involving research on participants under the age of 18, the Child Protection Form must be signed by all researchers involved in the project and submitted with the application otherwise remove this form before submitting the application.**



**S&EREC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acceptance of the University of Limerick Child Protection Guidelines**

I have read the University of Limerick Child Protection Guidelines and agree to abide by its contents. There is no reason why I would be considered unsuitable to work with children or young people.

Signature of Principal Investigator: ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click or tap to enter a date.