**Faculty of Science and Engineering Ethics Committee**

Expedited Form for research involving human participants

**1: Applicants Details Form Must Be Typed**

|  |  |
| --- | --- |
| **Principal Investigator name** (ie supervisor): |  |
| Principal Investigator email: |  |
| I, the supervisor, confirm that I have reviewed this application and agree to its submission for review, **TICK**; | |
| Student name: |  |
| ID number: |  |
| Email address: |  |
| Programme of study: |  |
| FYP, MSc or PhD Dissertation: |  |
| Working title of study: |  |
| Period for which approval is sought: | S**tart Date:** Date of approval  **End date**: Click or tap to enter a date. |

**2. Human Participants**

|  |  |
| --- | --- |
| Does the research proposal involve the below: | **Please Click if appropriate** |
| * Working with vulnerable participants? |  |
| * Any person under the age of 18? |  |
| * Adult patients? |  |
| * Adults with psychological impairments? |  |
| * Adults with learning difficulties? |  |
| * Relatives of ill people (e.g. parents of sick children) |  |
| * Adults under the protection/control/influence of others (e.g. in care/prison)? |  |
| * People who may only have a basic knowledge of English? |  |
| * Hospital or GP patients (or HSE members of staff) recruited in medical facility |  |

**3. Subject Matter**

|  |  |
| --- | --- |
| Does the research proposal involve the below: | **Please Click if appropriate** |
| * Sensitive personal issues? (e.g. suicide, bereavement, gender  identity, sexuality, fertility, abortion, gambling)? |  |
| * Illegal activities, illicit drug taking, substance abuse or the  self reporting of criminal behaviour? |  |
| * Any act that might diminish self-respect or cause shame,  embarrassment or regret? |  |
| * Research into politically and/or racially/ethnically and/or  commercially sensitive areas? |  |

**4. Procedures**

|  |  |
| --- | --- |
| Does the research proposal involve the below: | **Please Click if appropriate** |
| * Use of personal records without consent? |  |
| * Deception of participants? |  |
| * The offer of large inducements to participate? |  |
| * Audio or visual recording without consent? |  |
| * Invasive physical interventions or treatments? |  |
| * Research that might put researchers or participants at risk? |  |
| * Storage of results data for less than 7 years? |  |

If you have ticked any of the boxes in sections 2 to 4 above, you will need to fill in the S&E full application form and submit to the Faculty Ethics Committee for review. However, if the research is to be conducted **during or after/associated with School Placement**, and within the Department of Education subject syllabus outline, and provided the student has the permission of the class teacher and the school principal and that parent/guardians consent to participation, this expedited form can also be used. A Child Protection form, signed by all researchers involved, must be included in the application. Please note that if the Faculty Ethics Committee deems it necessary you may be asked to fill in the full application form

Please note that only a signed digital copy of the FREC form is required for the Faculty Ethics Committee. You can get more information and download the forms needed at this address: [www.ul.ie/researchethics/](http://www.ul.ie/researchethics/) **NB:** If you ticked the last bullet point in section 2 then you will need to apply to the local HSE ethics committee not the FREC.

If you have NOT ticked any of the boxes, please answer the following questions in section 5.

**5 Research Project Information**

**Please remember to give enough detail on what the participants will be doing in the study so that full ethical consideration can be given in assessing the study (i.e. help the ethics committee understand the project methods)**

|  |  |
| --- | --- |
| **5a** | **Give a description of the research. Give details of what you and the participant will be doing for this study, eg. Interview, Online survey, Workshop, Prototype testing.** |
|  |

|  |  |
| --- | --- |
| **5b** | **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.*** |
|  |

|  |  |
| --- | --- |
| **5c** | **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?** |
|  |

|  |  |
| --- | --- |
| **5d** | **How many participants will be involved?**  ***Please state the minimum number of participants needed for this study and the ideal maximum number of participants.*** |
|  |

|  |  |
| --- | --- |
| **5e** | **How do you plan to gain access to /contact/approach potential participants?**  ***If using emails how will you get the email addresses? It is important that you have permission to contact certain groups e.g. Class list, sports organisation, UL society or club. If using social media please provide the advert/text/tweet/message used to contact participants.*** |
|  |

|  |  |
| --- | --- |
| 5f | What are the criteria for including/excluding individuals from the study? |
|  |

|  |  |
| --- | --- |
| **5g** | **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.** |

|  |  |
| --- | --- |
| 5h | Can you identify any particular vulnerability of your participants other than those mentioned in section 2? *Please review Section 2 of this form before completing.* |
|  |

|  |  |
| --- | --- |
| **5i** | **Where will the study take place?**  ***Please ensure that it is based in UL (where possible). Please state where in UL (or otherwise) it is taking place. Please detail how COVID restrictions will be considered and ensured in your study.*** |
|  |  |

|  |  |
| --- | --- |
| 5j | What arrangements have you made for anonymity and confidentiality?  ***How will participants be referenced in the final report? Please ensure a code is used.*** |
|  |  |

|  |  |
| --- | --- |
| 5k | What are the safety issues (if any) arising from this study, and how will you deal with them?  ***How will the participants safety be guaranteed in the studies where there is an activity or intervention?*** |
|  |

|  |  |
| --- | --- |
| 5l | All data must be stored for 7 years following completion of the project.   1. 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*     1. Where will the information be stored (room number)?   *this would normally be the supervisors room number. They take responsibility of this.* |
|  |

|  |  |
| --- | --- |
| **5m** | **Insurance Cover**  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](mailto: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. |

|  |  |
| --- | --- |
| 5n | Research Privacy Notice  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. |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5o | **Please attach the relevant information documents and complete the following checklist to indicate which documents are included with application:**   |  |  | | --- | --- | | 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 |  | | 1. Google link to Questionnaire/Survey Questions |  | | 1. Recruitment letters/Advertisements/Emails/Social Media text, etc. |  | |
|  |

**6. Declaration**

The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it. I undertake to abide by the guidelines outlined in the UL Research Ethics Committee guidelines [http://www.ul.ie/researchethics/](http://www.ul.ie/researchethics)

I undertake to inform S&EEC of any changes to the study from those detailed in this application.

|  |  |  |
| --- | --- | --- |
| **Student:** | **Name:**  **Signature:** | **Date:**  **­­­­­­­­­­­­­**Click or tap to enter a date. |
| **Principal Investigator\*:** | **Name:**  **Signature:** | **Date:**  Click or tap to enter a date. |

\* In the case where the principal investigator is not a permanent employee of the University, the relevant head of department must sign this declaration in their place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You should email this form with signatures and the additional information (e.g. participant information sheet, consent form etc) as a single pdf file to sciengethics@ul.ie **This form must be submitted and approval granted before the study begins**.



**S&E REC 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. To participate in this study you must be over 18 years of age.

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,

|  |  |
| --- | --- |
| *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&E REC 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 am over 18 years of age.
* I declare that I have read and fully understand the contents of the Research Privacy Notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of Investigator Date

|  |  |  |
| --- | --- | --- |
|  | |  |
|  |  |
|  |  |

**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.