## Research Project Ethics Approval Form

**SECTION A**

**STUDENT INFORMATION**

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| Candidate’s name: |
| Tel No: |
| Email: |
| Module name and code: |
| Agreed Title of Research Project: |
| Project Supervisor: |
| Brief outline of research: |
| Identify at least **six** academic texts appropriate to your study: |

**SECTION B**

**INITIAL DECLARATION**

*Please highlight No or Yes*

This investigation will include research involving children or young people under 16 No/Yes

This investigation will include research involving young people aged 16-18 No/Yes

This investigation will include research involving adults No/Yes

This investigation will include research involving vulnerable adults No/Yes

**NB This form covers research involving human participants through the use of questionnaires, interviews, focus groups or observations of activity. Separate advice and permission must be sought for any research activity not covered under these headings.**

All students must complete all sections of this form. You should include with your application a copy of your proposed Consent Form and Information Sheet for participants. Completed applications should be submitted to the Secretary of the Ethics Sub-Committee, [principal@scotland.anglican.org](mailto:principal@scotland.anglican.org)

**SECTION C**

**Please answer all the following questions.**

**Where Yes/No is requested, give details if answering Yes (or if necessary to explain No)**

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| 1. What are the aims of this study/project? |
| 2. How will the study be carried out? (e.g. interviews, questionnaires, observation)  *Please include copies of any questionnaires with your application* |
| 3. How many participants will be recruited, and by what criteria will they be selected? |

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| **SAFEGUARDING** | *Please highlight No or Yes* |
| 4. Does the study involve participants who are under 18 or particularly vulnerable or unable to give informed consent? | No/Yes |
| 5. Have any safeguarding issues have you identified? If yes, provide details of the arrangements you will make to ensure safeguarding good practice. | No/Yes |
| 6. Will the study involve discussion of sensitive topics not usually addressed in your placement work? | No/Yes |
| 7. Could the study induce psychological stress, anxiety, or cause harm or negative consequences to the participants beyond the risks encountered in normal life? | No/Yes |
| 8. Will financial inducements (other than reasonable expenses) be offered to participants? | No/Yes |
| 9. Do you foresee any other particular ethical issues? | |

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| **INFORMED CONSENT** | *Please highlight No or Yes* |
| 10. Will you ensure informed consent from individual participants?  *(please include a copy of your information sheet and consent form with your application)* | No/Yes |
| 11. Do you need to seek permission from any institution or service-providers? | No/Yes |
| 12. Will any interviews be audio or video recorded? | No/Yes |

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| **CONFIDENTIALITY AND ANONYMITY** | | |
| 12. How will confidentiality of individual participants be maintained? | | |
| 13. How will the confidentiality of the placement or context be maintained? | | |
| 14. Who will have access to the data gathered? | | |
| 15. Who will have access to the final piece of work? | | |
| **DATA PROTECTION** | | |
| 16. How will data be collected (e.g. recording, written notes)? | | |
| 17. How, and for how long will the data be stored? | | |
| 18. I confirm that data for this project will be handled in accord with the TEI Data Protection Policy and IT Acceptable Use Policy. | | |
| I have discussed this proposal with my Supervisor.  Candidate Signature:  Date: | | |
| I have discussed this proposal with the Candidate.  Supervisor Signature:  Date: | | |
| SEI Management Committee Ethics Sub-Committee Comments: | | |
| * Approved | * Approved subject to comments above | * Not Approved |
| Chair of Ethics Sub-Committee Signature:  Date: | | |