22/03/2019

# For your information, please find below a copy of your recently completed online ethics assessment

# **Next steps**

Please refer to the email accompanying this attachment for details on the correct ethical approval route for this project. You should also review the content below for any ethical issues which have been flagged for your attention

Staff research - if you have completed this assessment for a grant application, you are not required to obtain approval until you have received confirmation that the grant has been awarded.

Please remember that collection must not commence until approval has been confirmed.

In case of any further queries, please visit <u>www.aber.ac.uk/ethics</u> or contact ethics@aber.ac.uk quoting reference number 12423.

#### **Assesment Details**

#### **AU Status**

Undergraduate or PG Taught

Your aber.ac.uk email address

top9@aber.ac.uk

#### **Full Name**

Thomas Paganuzzi

Please enter the name of the person responsible for reviewing your assessment. Reyer Zwiggelaar

Please enter the aber.ac.uk email address of the person responsible for reviewing your assessment

rrz@aber.ac.uk

Supervisor or Institute Director of Research Department

## Module code (Only enter if you have been asked to do so)

CS39440

#### **Proposed Study Title**

MMP Autophotographer - Selecting the best n photographs from a much larger data pool computationally.

#### **Proposed Start Date**

28/01/2019

#### **Proposed Completion Date**

03/05/2019

### Are you conducting a quantitative or qualitative research project?

Mixed Methods

# Does your research require external ethical approval under the Health Research Authority?

No

#### Does your research involve animals?

No

### Are you completing this form for your own research?

Yes

#### Does your research involve human participants?

Yes

#### Institute

**IMPACS** 

# Please provide a brief summary of your project (150 word max)

The project aims to create a program that can determine the best photographs from a large series of supplied photographs. The human participation will be in a preliminary research questionnaire which takes anonymous answers on ranking a series of 20 photographs. Three of those photographs will be of people I know, and I have already obtained consent from these people.

I can confirm that the study does not involve vulnerable participants including participants under the age of 18, those with learning/communication or associated difficulties or those that are otherwise unable to provide informed consent? Yes

I can confirm that the participants will not be asked to take part in the study without their consent or knowledge at the time and participants will be fully informed of the purpose of the research (including what data will be gathered and how it shall be used during and after the study). Participants will also be given time to consider whether they wish to take part in the study and be given the right to withdraw at any given time.

Yes

I can confirm that there is no risk that the nature of the research topic might lead to disclosures from the participant concerning their own involvement in illegal activities or other activities that represent a risk to themselves or others (e.g. sexual activity, drug use or professional misconduct).

I can confirm that the study will not induce stress, anxiety, lead to humiliation or cause harm or any other negative consequences beyond the risks encountered in the participant's day-to-day lives.

Yes

Please include any further relevant information for this section here:

Where appropriate, do you have consent for the publication, reproduction or use of any unpublished material?

Yes

Will appropriate measures be put in place for the secure and confidential storage of data?

Yes

Does the research pose more than minimal and predictable risk to the researcher? Not applicable

Will you be travelling, as a foreign national, in to any areas that the UK Foreign and Commonwealth Office advise against travel to?

No

Please include any further relevant information for this section here:

If you are to be working alone with vulnerable people or children, you may need a DBS (CRB) check. Tick to confirm that you will ensure you comply with this requirement should you identify that you require one.

Yes

Declaration: Please tick to confirm that you have completed this form to the best of your knowledge and that you will inform your department should the proposal significantly change.

Yes

Please include any further relevant information for this section here: