**ETHICAL APPROVAL**

**Name of Student Applicant:**  Tusarkanta Kar  **Supervising Tutor:** Rituparna Datta

**OR Name of Staff Applicant:** Click here to enter text.

**LJMU Student Number:** 1085070

**LJMU Module Code as per canvas:** 7505UPGMBA

**Title of Research Project:**

**Programme of Study (please specify undergraduate or postgraduate course title):** Postgraduate

**OR Job Title (for staff members please specify full job title):** Risk management in Insurance Industry

Where research involving human participants or databases of personal information is being conducted by a student or member of staff, the ethical implications of the project must be fully considered.

This form also provides the basis of the preliminary discussion that the student has with their supervising tutor.

**No research must commence without having received approval from LBS Research Ethics Committee. PRIOR TO submission Students must ensure that their Supervisor has provided feedback on all the documentation.**

**(ETHICS APPLICATION REQUIRES ETHIC COMMITTEE APPROVAL). *Please tick BOX A***

|  |  |
| --- | --- |
| I consider that this project **may** have ethical implications that should be brought before the Ethics Committee, and **deem it necessary to be addressed at the next Committee meeting.** | **BOX A** |

|  |
| --- |
| **IMPORTANT INFORMATION FOR SUPERVISING TUTORS**  **APPLICATIONS – REQUIRING COMMITTEE APPROVAL** If you consider that committee approval IS required for this application, you must:   1. submit an electronic copy of the completed application, including all supporting documents, as ONE pdf file (not as separate attachments) to your supervisor, by the relevant deadline. 2. Securely store an electronic copy of the application and supporting documents so it is accessible for audit purposes (e.g. on a shared drive) for a period of 12 months from the date of application. |

**SECTION A: THE APPLICANT**

A1. **Title of the Research Project:**  Risk management in Insurance Industry

A2. **Personal Details of Applicant / Principal Investigator (PI) –** *the student is designated at the PI*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Given name:**  Tusarkanta Kar |  | **Family name:** |  |
|  | | | |
| **LJMU Email:** |  | **Telephone:**8209144092 |  |
| [UPLTKAR@ljmu.ac.uk](mailto:UPLTKAR@ljmu.ac.uk) | | | |
| **Term Time Address:** | At: Lunahar, Po: Salipur, Dist: Cuttack, Orissa Pin: 754202 | | |
|  | | | |
| **Programme of Study / Job Title**: | GMBA | | |

A3. **Co-applicant** – *the* ***Project Supervisor*** *is the co-applicant*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Given name: Rituparna Datta** |  | | **Family name:** |  |
|  | | | | |
| **LJMU Email:** | |  | **Telephone:** | 7007386772 |
|  | | | | |
| **Post:** | |  | | |
|  | | | | |

**SECTION B: PROJECT DETAILS**

B1. **Proposed Study Dates**

Start Date: 24/04/2023 End Date: 16/10/2020

B2. **Background. Please provide brief details of the purpose of the project.**

|  |
| --- |
| To assess the current risk management practices in the insurance industry.  To identify ethical challenges associated with risk management in insurance.  To propose and evaluate risk management strategies for insurers.  To analyse the impact of risk management on consumer trust and industry reputation.  To explore the potential role of technology and data analytics in enhancing risk management. |

B3. **Research Design. Please give a summary of the approach and method of the planned research including details of procedures to be employed (e.g. interview, observation, questionnaire)**

|  |
| --- |
| The research will be conducted using a mixed-methods approach, combining qualitative and quantitative research methods. Primary data will be collected through surveys, interviews, and focus group discussions with industry professionals, regulators, and consumers. Secondary data will be gathered from industry reports, academic literature, and regulatory guidelines. |

B4. **Where questionnaires are to be used, have these previously been validated?**

Yes  No

If YES, please state by whom and when in the box below.

|  |
| --- |
| Questionnaires have been validatedby Prof. Rituparna Datta on 06/31/2023 |

If NO, you must append a copy of the questionnaire to this application. Where interviews (structured or semi-structured) are proposed you must append an outline of the interview schedule with this application.

Please confirm in the box below if you have appended a questionnaire or interview schedule to this application.

|  |
| --- |
|  |

Do you intend to audio record interviews? Please ensure this information is included on participant information sheets and consent forms.

Yes  No

B5.  **Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting or is it possible that criminal or other disclosures requiring action could take place during the study? (e.g. during interviews or focus groups):**

Yes  No

If YES, give details of procedures in place to deal with these issues. Information given to participants should make it clear under what circumstances action may be taken.

|  |
| --- |
| Click here to enter text. |

B6. **Where will the research take place? (**e.g. LJMU premises, participants’ homes, public places.)

|  |
| --- |
| Research will take place in every field like public /private sectors. |

**SECTION C: THE PARTICIPANTS**

C1. **Identify the participants for the study. (e.g.** LJMU staff, LJMU students, members of the public, other – specify.)

|  |
| --- |
|  |

C2. **How will the participants be selected, approached and recruited? If participants are to be approached by letter / email, please append a copy of the correspondence when you submit your application.**

|  |
| --- |
|  |

C3. **Will any of the participants come from any of the following groups? *Please tick all that apply***.

|  |  |
| --- | --- |
|  | Children under 16 |
|  | Adults with Learning Disabilities |
|  | Adults with mental illness |
|  | Drug / Substance users |
|  | Adults with dementia |
|  | Young Offenders |
|  | People without capacity to consent |
|  | Those with a dependant relationship with the investigator |
|  | Other vulnerable groups (please specify below)  Click here to enter text.  Justify the inclusion of any of the groups ticked above.  Click here to enter text.  Will your research therefore require you to undertake a DBS (Disclosure and Barring Service) Check?  Click here to enter text.  Do you have a current DBS certificate?  Click here to enter text. |

C4. **Does your study have inclusion or exclusion criteria? If so, please state here (e.g. participants included/excluded by age, age range, gender, ethnicity, member of organisation).**

|  |
| --- |
| Inclusion Criteria: Age, range |

C5.  **Will any payments / rewards be made to participants for out of pocket expenses?**

Yes  No

If YES, what or how much?

|  |
| --- |
|  |

C6. Wherever possible research should be disseminated to participants. Will the participants be given the opportunity to find out about the outcomes of the research?

Yes  No

**SECTION D: CONSENT**

D1. **Will informed consent be obtained from any of the below? *Please tick all that apply***.

|  |  |
| --- | --- |
|  | The research participants? |
|  | The research participants’ carers or guardians? |
|  | Gatekeepers to the research participants (e.g. company, service providers) |

D2. **Will a signed record of consent be obtained?**

Please ensure that an appropriate statement (see example on Canvas) is included at the beginning of your questionnaire if you intend to gain implied consent.

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
|  | |

D3. **Will participants and where applicable, carers, guardians or gatekeepers, be provided with an information sheet regarding the nature, purpose, risks and benefits of the study?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
|  | |

D4a. **Will prospective participants be able to withhold consent (i.e. refuse to take part)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
|  | |

D4b. **Will participants be able to withdraw from the study whilst it is ongoing (i.e. after they have consented to take part)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
|  | |

D4c. **Will participants be able to withdraw from the study after data collection has ended (i.e. will it be possible to identify and remove an individual’s data once it has been collected)?**

|  |  |
| --- | --- |
| Yes | No |
| If NO, please explain why not | |
|  | |

**SECTION E: RISKS (Where significant risks are identified an LJMU risk assessment form must be completed).**

E1. **Describe any potential adverse effects, risks or hazards, including any discomfort, distress or inconvenience, of involvement in the study for research participants. *Explain any risk management procedures which will be put in place***.

|  |
| --- |
| **Not Applicable** |

E2. **Describe in detail any potential adverse effects, risks or hazards (mild, moderate, high or severe) or involvement in the research for the researchers (e.g. lone working). *Explain any risk management procedures that will be put in place***.

|  |
| --- |
| **Not Applicable** |

**SECTION F: DATA ACCESS AND STORAGE**

*You must store any hard/ soft copies of personal date (e.g. printed data sheets, signed consent forms) in locked cupboards or filing cabinets and any electronic data containing personal information* ***must*** *be stored securely and updates on the upGrad platform. This includes storage of audio visual recordings.*

*Personal data* ***must not*** *be stored on USB drives or other portable media or stored on home or personal computers.*

*Personal email addresses and telephone numbers should not be used on any documentation.*

*Where the use of verbatim quotes is proposed in future publications or presentations or it is intended that information is gathered using audio/visual recording devices explicit consent for this must be sought from participants.*

F1. **Personal Data Management**

**Will the study involve the collection and storage of personal, identifiable or sensitive information from participants? (e.g. names, addresses, telephone numbers, date of birth, postcode, medical records, academic records).****Please note that signed consent forms also constitute personal data, and if you record interviews in which names of individuals or companies are used, this also constitutes personal data.**

|  |  |
| --- | --- |
| Yes | No |
| Research will have data about insurance industry risk management. | |
|  | |

**F2. Will you share personal, identifiable data with other organisations outside of LJMU or with people outside of your research team?** *(e.g. supervisor, co-applicants)*

|  |  |
| --- | --- |
| Yes | No  Not Applicable |
| If YES, please provide further details. | |
|  | |
|  | |

**F3**. **How long will personal, identifiable data collected during the study be stored?**

|  |
| --- |
| All data should be stored until I have completed my studies and I graduate. |

**F4. You must confirm that all data collected will be uploaded and stored on an LJMU pass worded protected system.**

|  |  |
| --- | --- |
| Yes | No |

**SECTION H: STUDENT DECLARATION**

Whilst undertaking my research I agree to carry it out in accordance with LJMU regulations, guidelines and principles. I have undertaken the appropriate ethics training and I am aware of the University Code of Practice for Research.

If any ethical issues arise during the research, I will firstly consult my supervisor who may need to seek written advice from the LBS Ethics Committee.

Please tick the box to agree that by submitting this application electronically you agree to the declaration above:

Signature: Tusarkanta Kar Date:07/08/2023

**SECTION I: SUPERVISOR DECLARATION**

I have read the student’s proposal and ethics application. I support this application for ethical approval as outlined in the documentation. If during the research I become aware of a situation that affects the ethical approval, the student will be instructed to contact the LBS Research Committee for clarification and advice.

Signature: Rituparna Datta Date: 06/31/2023

Print Supervising Tutor’s Name:Rituparna Datta

Supervisor must tick the box here to confirm that you have reviewed and support this application:

**SECTION J: CHECKLIST OF ATTACHMENTS (Please tick relevant boxes)**

**Please use templates which are available on Canvas.**

**Please include all supporting documents ticked below as part of your application NOT as separate files/documents**

|  |  |
| --- | --- |
|  | Copies of any recruitment/advertisement material, eg. Social media posts, letters, emails, posters etc. |
|  | Participant Information Sheet |
|  | Carer Information Sheet |
|  | Gatekeeper Information Sheet |
|  | Participant Consent Form |
|  | Carer Consent Form |
|  | Gatekeeper/Company Consent Form |
|  | Validated and Non-validated questionnaires |
|  | Interview schedule |
|  | Risk Assessment Form |
|  | Other please specify below:  Click here to enter text. |