Dublin City University
School of Computing
ETHICS COMMITTEE

NOTIFICATION FORM FOR LOW-RISK PROJECTS AT UNDERGRADUATE OR TAUGHT MASTERS LEVELS

Application Number:			

Please read the following information carefully before completing your application. Failure to adhere to these guidelines will make your submission ineligible for review.

- **Download this form**
- **Completed applications must be uploaded to your School of Computing GitLab repo, and must be located in "`docs/ethics.pdf`".**
- **Your supervisor will be notified automatically and must approve your approach initially.**
- **The application should consist of one electronic file (PDF) only**. The completed application must include this form and also must incorporate all supplementary documentation, especially that being given to the proposed participants e.g consent forms, plain English language statement. It must be proofread and spell-checked before submission**.**
- **All sections of the application form must be answered as instructed and within the word limits given.**

Applications which do not adhere to all of these requirements will not be accepted for review and will require resubmission

Applications must be completed on this form; answers in the form of attachments will not be accepted, except where indicated. No hard copy applications will be accepted. **The project must not commence until written approval has been received from the School of Computing Ethics Committee.**

PROJECT TITLE	TouchTime
PRINCIPAL INVESTIGATOR(S) *The named Principal Investigator is the person with primary responsibility for the research project. In the case of Taught Masters projects and undergraduate projects the supervisor is the Principal Investigator.*	Dr Donal Fitzpatrick
START AND END DATE	7/12/18 - 8/3/19
LEVEL OF RISK	Low

Please indicate whether this project requires more than a notification Justification for your choice is required under section 3.1	

Please confirm that <u>all</u> supplementary information is included in your application (in electronic copy). If questionnaire or interview questions are submitted in draft form, please indicate this by putting (draft) after YES. A copy of the final documentation must be submitted for final approval when available.

My application has been collated as one electronic file which includes the following documentation:	**INCLUDED (mark as YES)**	**NOT APPLICABLE (mark as N/A)**
Bibliography		NA
Recruitment advertisement		NA
Plain language statement/Information statement	YES	
Informed consent form	YES	
Personal Data Security Schedule https://www.dcu.ie/sites/default/files/info/3._blank_data_security_schedule.xls		NA
Evidence of external approvals related to the research		NA
Questionnaire/Survey		NA
Interview/Focus Group Questions	YES	
Debriefing material		NA
Other (e.g. local government approval)		NA

Please note:

1. Any amendments to the original approved proposal must receive prior SCEC approval.
2. As a condition of approval investigators are required to document and report immediately to SCEC any adverse events, any issues which might negatively impact on the conduct of the research and/or any complaint from a participant relating to their participation in the study

1. ADMINISTRATIVE DETAILS

Project Type (select one): Undergraduate Project – Final Year
Undergraduate Project – non-final Year
Taught Masters (Practicum)
(projects at other levels, e.g. PhD or research Masters, should be approved by the University's REC if necessary)

1.1 INVESTIGATOR CONTACT DETAILS

PRINCIPAL INVESTIGATOR(S): *Your supervisor and other academic staff who are assisting, it should be clear who is the person who is carrying out the research procedures.*

NAME	*SCHOOL/UNIT*	*EMAIL*
Donal Fitzpatrick	School of Computing	donal.fitzpatrick@dcu.ie

OTHER INVESTIGATORS (STUDENT(S):

NAME	*SCHOOL/UNIT*	*EMAIL*
Jacob Byrne	School of Computing	jacob.byrne233@mail.dcu.ie
Daniel Pereira	School of Computing	daniel.pereira2@mail.dcu.ie

1.2 WILL THE RESEARCH BE UNDERTAKEN ON-SITE AT A Dublin City University CAMPUS ?

YES or NO
YES

(If NO, state details of the off-campus location – provide details of the approval to gain access to that location in section 2.7.)

1.3 IS THIS PROTOCOL BEING SUBMITTED TO ANOTHER ETHICS COMMITTEE, OR HAS IT BEEN PREVIOUSLY SUBMITTED TO AN ETHICS COMMITTEE?

YES or NO
NO

(If YES, please provide details and attach copies of approval(s) received etc.)

DECLARATION BY PRINCIPAL INVESTIGATOR(S)

The information contained herein is, to the best of my knowledge and belief, accurate. I have read the University's current research ethics guidelines, and accept responsibility for the conduct of the procedures set out in the attached application in accordance with the form guidelines, the SCEC guidelines (https://www.dcu.ie/researchsupport/researchethics.shtml), the University's policy on Conflict of Interest, Code of Good Research Practice and any other condition laid down by the Dublin City University Research Ethics Committee. I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations and the rights of the participants.

If there exists any affiliation or financial interest for researcher(s) in this research or its outcomes or any other circumstances which might represent a perceived, potential or actual conflict of interest this should be declared in accordance with Dublin City University policy on Conflicts of Interest.

I and my co-investigators or supporting staff have the appropriate qualifications, experience and facilities to conduct the research set out in the attached application and to deal with any emergencies and contingencies related to the research that may arise.

Electronic Signature(s):

Principal  ***investigator(s):*** 

Print Name(s) here: *Dr Donal Fitzpatrick, Jacob Byrne, Daniel Pereira*
Date: *21/2/19*

2. PROJECT OUTLINE

2.1 LAY DESCRIPTION *(Max. 300 words)*

Please outline, in terms that any non-expert would understand, what your research project is about, including what participants will be required to do. Please explain any technical terms or discipline-specific phrases.

Our project will use DCU's timetable service to provide an up to date view on an Android SmartPhone. Users will do this by scanning NFC (Near Field Communication) tags. A lecturer will also be able to view the amount of times a tag has been scanned for the block of time a room is booked for. This will show the numbers in attendance. The goal of this app is to integrate a more convenient way of timetable checking into DCU Student's daily lives.
We aim to carry out user acceptance tests with this research. This will tell us about the usability of our App and allow us to improve it based on user feedback.

2.2 AIMS OF AND JUSTIFICATION FOR THE RESEARCH *(Max. 400 words)*

State the aims and significance of the project. Where relevant, state the specific hypothesis to be tested. Please provide a brief description of background research, a justification as to why this research project should proceed in that context and an explanation of any expected benefits to the community. NB – all references cited should be listed in an attached bibliography.

Our objective for this research is to gain an overview of potential bugs in the project's User Interface. We hope to gain feedback on the usability of the Application. We will approach users and gain some informative feedback through informal means (focus group, interviews, anonymous survey).

2.3 DESCRIBE THE METHODOLOGY BEING USED TO ACHIEVE YOUR STATED AIMS

Provide an outline of the proposed method and state who is doing which task – include details of data collection techniques, the tasks participants will be asked to do, the estimated time commitment involved, and how data will be analysed. If the project includes any procedure which is beyond already established and accepted techniques please include a description of it. There should be enough detail provided to facilitate ethical review, but applicants are encouraged to keep it as succinct as possible.

We will approach potential users, ask them to use our App and then ask them to give feedback based on their experience with the system. Both Student Investigators will survey users for a short period of time.

2.4 PARTICIPANT PROFILE

Provide the number, age range and source of participants. Please provide a justification of your proposed sample size. Please provide a justification for selecting a specific gender, age, or any other group if this is done in your project.

We are hoping to gain feedback from a pool of approximately 10 people with and without a background in Technology. We will be targeting students in the age range of 18-24 as this encompasses a majority of Students who would use the app. We will not target specific gender.

2.4(a) PARTICIPANT VULNERABILITY

Are some or all of participants vulnerable in any way? (e.g by virtue of the group they belong to, people who have undergone traumatic or adverse emotional events, people with diminished cognitive ability, power relations between researchers and participants etc.)? If they are, state what this vulnerability (or vulnerabilities) is and justify why this research is being done with such participants.

Participants are not vulnerable.

2.4(b) CHILD PARTICIPANTS (anyone under 18 years old)

*If your participants include children, you **must** confirm that you are in compliance with the research specific guidelines as detailed in "Keeping Children Safe - Policies and Procedures supporting Child Protection at DCU" - available at: **https://www4.dcu.ie/sites/default/files/policy/157%20-%20child_protection_handbook_rev1%282%29%281%29.pdf***

Please indicate your compliance with the following guidelines:	**Mark here**
We confirm that we have read and agree to act in accordance with the DCU Child Protection policy and procedures	N/A
We confirm that we have put in place safeguards for the children participating in the research	YES
We confirm that we have supports in place for children who may disclose current or historical abuse (whether or not this is the focus of the research)	N/A

2.5 EXPLAIN HOW PARTICIPANTS ARE TO BE RECRUITED

Please provide specific details as to how you will be recruiting participants. How will people be informed that you are doing this research? How will they be approached and asked if they are willing to participate? If you are mailing or phoning people, please explain how you have obtained their names and contact details. If a recruitment advertisement is to be used, please ensure you attach a copy to this application.

We will seek input from classmates, social media (class groups) and others in the DCU community. They will be approached in person and on social media and asked to fill in the Consent Form attached to this document.

2.6 PLEASE EXPLAIN WHEN, HOW, WHERE, AND TO WHOM RESULTS WILL BE DISSEMINATED, INCLUDING WHETHER PARTICIPANTS WILL BE PROVIDED WITH ANY INFORMATION AS TO THE FINDINGS OR OUTCOMES OF THE PROJECT*?*

The Investigators on the team. Any data collected is anonymized so no GDPR implications present. As we are just looking for feedback from participants, it is not necessary to provide them with findings.

2.7 ARE OTHER APPROVALS REQUIRED TO GAIN ACCESS TO ANOTHER LOCATION, ORGANISATION ETC.?

YES or NO
NO

(If YES, please specify from whom and attach a copy of the approval documentation. If this is not yet available, please explain when this will be obtained.)

2.8 HAS A SIMILAR PROPOSAL BEEN PREVIOUSLY APPROVED BY THE DCU SCEC?

YES or NO
NO

(If YES, please state both the REC Application Number and Project Title)

3. RISK AND RISK MANAGEMENT

3.1 JUSTIFICATION OF STATED LEVEL OF RISK TO RESEARCH PARTICIPANTS

You must provide a justification for the stated level of risk, as indicated on the cover page of your application. Note that the level of risk may be influenced by the vulnerability of the research group, the methods employed and the nature of the research itself. For further information on risk levels, please refer to the Levels of Review information on the website: https://www.dcu.ie/researchsupport/researchethics.shtml

There is no risk to participants as we are not holding onto users data. The project will be purely for user acceptance testing.

3.2 DOES THE RESEARCH INVOLVE:

	YES or NO
● use of a questionnaire? (attach copy)?	NO
● interviews (attach interview questions)?	YES
● observation of participants without their knowledge?	NO
● participant observation (provide details in section 2)?	YES
● audio- or video-taping interviewees or events?	NO
● access to personal and/or confidential data (including student, patient or client data) without the participant's specific consent?	NO
● administration of any stimuli, tasks, investigations or procedures which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process?	NO
● performance of any acts which might diminish the self-esteem of participants or cause them to experience embarrassment, regret or depression?	NO
● investigation of participants involved in illegal activities?	NO
● procedures that involve deception of participants?	NO
● administration of any substance or agent?	NO
● use of non-treatment of placebo control conditions?	NO
● collection of body tissues or fluid samples?	NO
● collection and/or testing of DNA samples?	NO
● participation in a clinical trial?	NO
● administration of ionising radiation to participants?	NO

3.3 POTENTIAL RISKS TO PARTICIPANTS AND RISK MANAGEMENT PROCEDURES

Identify, as far as possible, all potential risks to participants (physical, psychological, social, legal, economic, etc.), associated with the proposed research. Please explain what risk management procedures will be put in place to minimise these risks.

None

3.4 ARE THERE LIKELY TO BE ANY BENEFITS (DIRECT OR INDIRECT) TO PARTICIPANTS FROM THIS RESEARCH?

YES or NO
NO

(If YES, provide details.)

3.5 ARE THERE ANY SPECIFIC RISKS TO RESEARCHERS?

Examples include use of dangerous materials, asking certain types of questions, research being undertaken in certain locations, researchers working alone in isolated areas, etc.

YES or NO
NO

(If YES, please describe and explain what risk management procedures will be put in place to minimise these risks.)

3.6 DEALING WITH ADVERSE/UNEXPECTED OUTCOMES

Please describe what measures/protocols you have put in place in the event that there are any unexpected outcomes or adverse effects to participants arising from involvement in the project.

N/A

3.7 HOW WILL THE CONDUCT OF THE PROJECT BE MONITORED?

Please explain how the principal investigator will monitor the conduct of the project (especially where several people are involved in recruiting or interviewing, administering procedures, etc.) to ensure that it conforms with the procedures set out in this application. In the case of student projects please give details of how the supervisor(s) will monitor the conduct of the project.

The supervisor will approve all emails and other materials used in recruitment. The supervisor will be on hand to monitor and assist in user evaluations of the system.

3.8 SUPPORT FOR PARTICIPANTS

Depending on risks to participants you may need to consider having additional support for participants during/after the study. Consider whether your project would require additional support, e.g., external counselling available to participants. Please advise what support will be available.

N/A

3.9 DO YOU PROPOSE TO OFFER PAYMENTS OR INCENTIVES TO PARTICIPANTS?

YES or NO
NO

(If YES, please provide further details.)

3.10 DO ANY OF THE RESEARCHERS ON THIS PROJECT HAVE A PERSONAL, PHILOSOPHICAL, FINANCIAL OR COMMERCIAL INTEREST IN ITS OUTCOME THAT MIGHT INFLUENCE THE INTEGRITY OF THE RESEARCH, OR BIAS THE CONDUCT OR REPORTING OF THE RESEARCH, OR UNDULY DELAY OR OTHERWISE AFFECT THEIR PUBLICATION?

YES or NO
NO

(If YES, please specify how this conflict of interest will be addressed.)

4. INVESTIGATORS' QUALIFICATIONS, EXPERIENCE AND SKILLS *(Approx. **200 words**)*

List the academic qualifications and outline the experience and skills relevant to this project that the PI, other researchers and any supporting staff have in carrying out the research and in dealing with any emergencies, unexpected outcomes, or contingencies that may arise. ***State specifically who will be carrying out the research procedures***

Dr donal Fitzpatrick is an experienced researcher with over 20 years prior work in this field.

5. CONFIDENTIALITY/ANONYMITY

5.1 WILL THE IDENTITY OF THE PARTICIPANTS BE PROTECTED?

YES or NO
YES

(If NO, please explain why.)

IF YOU ANSWERED YES TO 5.1, PLEASE ANSWER THE FOLLOWING QUESTIONS:

5.2 HOW WILL THE ANONYMITY OF THE PARTICIPANTS BE RESPECTED?

Please bear in mind that where the sample size is very small, it may be impossible to guarantee anonymity/confidentiality of participant identity. Participants involved in such projects need to be advised of this limitation in the Plain Language Statement/Information Sheet. If you intend to fully anonymize the data, please provide details

No personal data of any sort is being gathered.

5.3 LEGAL LIMITATIONS TO DATA CONFIDENTIALITY

Participants need to be made aware that confidentiality of information provided cannot always be guaranteed by researchers and can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions. This information should be included in your Plain Language Statement and Informed Consent Form. Depending on the research proposal and academic discipline, you may need to state additional specific limitations.

State how and where participants will be informed of these limitations

These limitations will be made clear in the consent form.

6. PERSONAL DATA - COMPLIANCE WITH THE GENERAL DATA PROTECTION REGULATION

Personal data is data relating to a living individual (i.e. the 'Data Subject') who is, or can be, identified either from the data itself or from the data in conjunction with other information that is in, or is likely to come into, the possession of the 'Data Controller' (i.e. DCU and its constituent units e.g. research teams etc.). ***Further information on personal data is available from the DCU Data Protection Unit at https://www.dcu.ie/ocoo/dp/guides.shtml***

6.1 IS PERSONAL DATA BEING PROCESSED AS PART OF THIS PROJECT?

YES or NO
NO

If YES, Please indicate your compliance with the following guidelines:	**Mark here**
We confirm that we have read and agree to act in accordance with DCU Data Protection Unit guidance and procedures regarding personal data	
We confirm that we have put in place a Personal Data Security Schedule (PDSS) for the project and have attached it to this application	

Please see the GDPR and the Research Ethics Process section of the SCEC main webpage for guidance

IF YOU ANSWERED YES TO 6.1, PLEASE ANSWER THE FOLLOWING QUESTIONS:

6.2 WHAT KIND OF PERSONAL DATA IS BEING PROCESSED?

Note special categories of personal data include health data, genetic data and/or data relating to ethnicity/race of participants, their sex lives and/or sexual orientation

6.3 WILL ANONYMISATION/PSEUDONYMISATION OF THE PERSONAL DATA BE UNDERTAKEN?

YES or NO

(If NO, please explain why.)

7. DATA/SAMPLE STORAGE, SECURITY AND DISPOSAL

For the purpose of this section, "Data" includes that in a raw or processed state (e.g. interview audiotape, transcript or analysis). "Samples" include body fluids or tissue samples.

7.1 HOW AND WHERE WILL THE DATA/SAMPLES BE STORED?

Note that the SCEC recommends that all data be stored on campus – please justify any off-site storage.

Any anonymous collected data will be stored on a DCU owned google drive.

7.2 WHO WILL HAVE ACCESS TO DATA/SAMPLES?

If people other than the main researchers have access, please name who they are and explain for what purpose.

Investigators only

7.3 HOW LONG IS THE DATA TO BE HELD/RETAINED FOR?

*Note that with very few exceptions **personal data** may not be retained indefinitely. It is up to the unit or research team to establish an upper retention limit for each category of personal data under its control.*

Data will be disposed of, in accordance with the DCU policy on retention of all examinable material. It will be retained until a date no earlier than the date of promulgation of results.

7.4 IF DATA/SAMPLES ARE TO BE DISPOSED OF, PLEASE EXPLAIN HOW, WHEN AND BY WHOM THIS WILL BE DONE?

*Note that simply deleting files is not sufficiently secure. The additional steps to be taken to maintain data security should be given. **Personal data** must be disposed of in a safe and secure manner at the end of its retention period. If the data is stored in a: a) paper based format then shredding or disposal via a secure bin is recommended; or b) if it is stored in an electronic based format then deletion of the record or full anonymization of the data is recommended.If data/samples are NOT being disposed of, please justify this decision.*

Anonymous data will be remove from Google Drive by principal investigators

8. FUNDING OF THE RESEARCH

8.1 HOW IS THIS WORK BEING FUNDED, IF IT IS EXTERNALLY FUNDED?

NA

8.2 PROJECT GRANT NUMBER *(If relevant and/or known – otherwise mark as N/A)*

NA

8.3 DOES THE PROJECT REQUIRE APPROVAL BEFORE CONSIDERATION FOR FUNDING BY A GRANTING BODY?

YES or NO
NO

8.4.1 HOW WILL PARTICIPANTS BE INFORMED OF THE SOURCE OF THE FUNDING? *(e.g. included in the Plain Language Statement)*

NA

8.5 DO THE FUNDERS OF THIS PROJECT HAVE A PERSONAL, FINANCIAL OR COMMERCIAL INTEREST IN ITS OUTCOME THAT MIGHT COMPROMISE THE INDEPENDENCE AND INTEGRITY OF THE RESEARCH, OR BIAS THE CONDUCT OR REPORTING OF THE RESEARCH, OR UNDULY DELAY OR OTHERWISE AFFECT THEIR PUBLICATION?

YES or NO
NO

(If YES, please specify how this conflict of interest will be addressed.)

9. PLAIN LANGUAGE STATEMENT *(Attach to this document. Approx. 400 words)*

A Plain Language Statement (PLS) should be used in all cases. This is written information in plain language that you will be providing to participants, outlining the nature of their involvement in the project and inviting their participation. The PLS should specifically describe what will be expected of participants, the risks and inconveniences for them, and other information relevant to their involvement. Please note that the language used must reflect the participant age group and corresponding comprehension level – if your participants have different comprehension levels (e.g. both adults and children) then separate forms should be prepared for each group. The PLS can be embedded in an email to which an online survey is attached, or handed/sent to individuals in advance of their consent being sought. See link to sample templates on the website:
https://www.dcu.ie/researchsupport/ethicsapproval.shtml

PLEASE CONFIRM WHETHER THE FOLLOWING ISSUES HAVE BEEN ADDRESSED IN YOUR PLAIN LANGUAGE STATEMENT/ INFORMATION SHEET FOR PARTICIPANTS:

	YES or NO
Introductory Statement (PI and researcher names, school, title of the research)	**YES**
What is this research about?	**YES**
Why is this research being conducted?	**YES**
What will happen if the person decides to participate in the research study?	**YES**
How will their privacy be protected?	**YES**
How will the data be used and subsequently disposed of?	**YES**
What are the legal limitations to data confidentiality?	**NO**
What are the benefits of taking part in the research study (if any)?	**YES**
What are the risks of taking part in the research study?	**YES**
Confirmation that participants can change their mind at any stage and withdraw from the study	**YES**
How will participants find out what happens with the project?	**YES**
Contact details for further information (including SCEC contact details)	**YES**
Details relating to GDPR Compliance if Personal Data is being sought	**NO**

If any of these issues are marked NO, please justify their exclusion:

How will the data be used and subsequently disposed of? - Anonymous Feedback given, no data held
What are the legal limitations to data confidentiality? - Feed back is anonymous and will not be tied to a specific person.
Details relating to GDPR Compliance if Personal Data is being sought - No personal data being sought from participants.

10. INFORMED CONSENT FORM *(Attach to this document. Approx. 300 words)*

In most cases where interviews or focus groups are taking place, an Informed Consent Form is required. This is an important document requiring participants to indicate their consent to participate in the study, and give their signature. If your participants are minors (under 18), it is best practice to provide them with an assent form, while their parents/guardians will be given the Informed Consent Form. In cases where an anonymous questionnaire is being used, it is enough to include a tick box in the questionnaire (underneath the information section for participant), where participants can indicate their consent.
See link to sample templates on the website:

NB – IF AN INFORMED CONSENT FORM IS NOT BEING USED, THE REASON FOR THIS MUST BE JUSTIFIED HERE.

Dublin City University
School of Computing

Informed Consent Form

Principal Investigator
Dr Donal Fitzpatrick (donal.fitzpatrick@dcu.ie)

Other Investigators:
- **Jacob Byrne (jacob.byrne233@mail.dcu.ie)**
- **Daniel Pereira (daniel.pereira2@mail.dcu.ie)**

Research Purpose
We are carrying out this research in order to gain an insight into the usability of our Project. The goal of the project is to access timetable services as easy as possible by scanning NFC tags outside rooms. We will ask you a series of questions to do with the Apps functionality to help improve the app as a whole.

Confirmation of Requirements
Participant, please complete the following by circling yes/no for each question.

I have read the Plain Language Statement	Yes/No
I understand the information provided	Yes/No
I understand my information is not being recorded	Yes/No
I have had an opportunity to ask questions/discuss study	Yes/No
I have received sufficient answers to my questions	Yes/No

Confirmation of voluntary involvement
Participant please circle yes/no for the following question.

I understand i may withdraw at any time.	Yes/No

Signature
I have read and understood the information on this form. My questions and concerns have been answered by the researchers and I have a copy of this consent form. Therefore, I consent to take part in this survey.

Participant Signature: _____

Name (printed): _____

Witness: _____

Date: _____