## Appendix A: Low Risk Research Ethics Approval Checklist (LR042010)

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| **Project ID:** | **Student Name: Kwok Ka Hei** | **Student ID: 56237981** |
| **Supervisor Name: CC Chou** | | **Date: 29/11/2021** |
| **Project Title:**  **Development of an online tarot platform for Hong Kong** | |  |

Project Details

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| --- |
| Summary of the project in jargon-free language and in not more than 120 words:  Research Objectives  Research Design (e.g. Experimental, Theoretical, etc.)  Methods of Data Collection |

Participants in your research

|  |  |  |
| --- | --- | --- |
| 1. Will the project involve human participants? | Yes | No |

If you answered **Yes** to this questions, this may **not** be a low risk project.

If you are a student, please discuss your project with your Supervisor.

If you are a member of staff, please discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval Routes.

Risk to Participants

|  |  |  |
| --- | --- | --- |
| 2. Will the project involve human patients/clients, health professionals, and/or patient (client) data and/or health professional data? | Yes | No |
| 3. Will any invasive physical procedure, including collecting tissue or other samples, be used in the research? | Yes | No |
| 4. Is there a risk of physical discomfort to those taking part? | Yes | No |
| 5. Is there a risk of psychological or emotional distress to those taking part? | Yes | No |
| 6. Is there a risk of challenging the deeply held beliefs of those taking part? | Yes | No |
| 7. Is there a risk that previous, current or proposed criminal or illegal acts will be revealed by those taking part? | Yes | No |
| 8. Will the project involve giving any form of professional, medical or legal advice, either directly or indirectly to those taking part? | Yes | No |

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project.

If you are a student, please discuss your project with your Supervisor.

If you are a member of staff, please discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval Routes.

Risk to Researcher

|  |  |  |
| --- | --- | --- |
| 9. Will this project put you or others at risk of physical harm, injury or death? | Yes | No |
| 10. Will project put you or others at risk of abduction, physical, mental or sexual abuse? | Yes | No |
| 11. Will this project involve participating in acts that may cause psychological or emotional distress to you or to others? | Yes | No |
| 12. Will this project involve observing acts which may cause psychological or emotional distress to you or to others? | Yes | No |
| 13. Will this project involve reading about, listening to or viewing materials that may cause psychological or emotional distress to you or to others? | Yes | No |
| 14. Will this project involve you disclosing personal data to the participants other than your name and the University as your contact and e-mail address? | Yes | No |
| 15. Will this project involve you in unsupervised private discussion with people who are not already known to you? | Yes | No |
| 16. Will this project potentially place you in the situation where you may receive unwelcome media attention? | Yes | No |
| 17. Could the topic or results of this project be seen as illegal or attract the attention of the security services or other agencies? | Yes | No |
| 18. Could the topic or results of this project be viewed as controversial by anyone? | Yes | No |

If you answered **Yes** to **any** of these questions, this is **not** a low risk project. Please:

If you are a student, discuss your project with your Supervisor.

If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval route.

Informed Consent of the Participant

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| --- | --- | --- |
| 19. Are any of the participants under the age of 18? | Yes | No |
| 20. Are any of the participants unable mentally or physically to give consent? | Yes | No |
| 21. Do you intend to observe the activities of individuals or groups without their knowledge and/or informed consent from each participant (or from his or her parent or guardian)? | Yes | No |

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project. Please:

If you are a student, discuss your project with your Supervisor.

If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval route.

Participant Confidentiality and Data Protection

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| --- | --- | --- |
| 22. Will the project involve collecting data and information from human participants who will be identifiable in the final report? | Yes | No |
| 23. Will information not already in the public domain about specific individuals or institutions be identifiable through data published or otherwise made available? | Yes | No |
| 24. Do you intend to record, photograph or film individuals or groups without their knowledge or informed consent? | Yes | No |
| 25. Do you intend to use the confidential information, knowledge or trade secrets gathered for any purpose other than this research project? | Yes | No |

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project:

If you are a student, discuss your project with your Supervisor.

If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval routes.

Gatekeeper Risk

|  |  |  |
| --- | --- | --- |
| 26. Will this project involve collecting data outside University buildings? | Yes | No |
| 27. Do you intend to collect data in shopping centres or other public places? | Yes | No |
| 28. Do you intend to gather data within nurseries, schools or colleges? | Yes | No |
| 29. Do you intend to gather data within National Health Service premises? | Yes | No |

If you answered **Yes** to **any** of these questions, this is **not** a low risk project. Please:

If you are a student, discuss your project with your Supervisor.

If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval routes.

Other Ethical Issues

|  |  |  |
| --- | --- | --- |
| 30. Is there any other risk or issue not covered above that may pose a risk to you or any of the participants? | Yes | No |
| 31. Will any activity associated with this project put you or the participants at an ethical, moral or legal risk? | Yes | No |

If you answered **Yes** to these questions, this may **not** be a low risk project. Please:

If you are a student, discuss your project with your Supervisor.

If you are a member of staff, discuss your project with your Faculty Research Ethics Leader.

Principal Investigator Certification

If you answered **No** to **all** of the above questions, then you have described a low risk project. Please complete the following declaration to certify your project and keep a copy for your record as you may be asked for this at any time.

Agreed restrictions to project to allow Principal Investigator Certification

Please identify any restrictions to the project, agreed with your Supervisor or Faculty Research Ethics Leader to allow you to sign the Principal Investigator Certification declaration.

Participant Information Leaflet attached.

Informed Consent Forms attached.

Risk Assessment Form attached.

Principal Investigator’s Declaration

Please ensure that you:

Tick all the boxes below and sign this checklist.

Students must get their Supervisor to countersign this declaration.

|  |  |
| --- | --- |
| I believe that this project **does not require research ethics approval**. I have completed the checklist and kept a copy for my own records. I realise I may be asked to provide a copy of this checklist at any time. | ✔ |
| I confirm that I have answered all relevant questions in this checklist honestly. | ✔ |
| I confirm that I will carry out the project in the ways described in this checklist. I will immediately suspend research and request a new ethical approval if the project subsequently changes the information I have given in this checklist. | ✔ |

Signatures

If you or your supervisor do not have electronic signatures, please type your name in the signature space. An email sent from the Supervisor’s University inbox will be accepted as having been signed electronically.

Principal Investigator

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自動產生的描述

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) Date:\_\_\_\_4/4/2021\_\_\_\_\_\_\_\_\_\_

Students storing this checklist electronically must append to it an email from your Supervisor confirming that they are prepared to make the declaration above and to countersign this checklist. This-email will be taken as an electronic countersignature.

Student’s Supervisor



Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor)

Date: \_\_\_\_\_12/4/2021\_\_\_\_\_\_\_\_\_

I have read this checklist and confirm that it covers all the ethical issues raised by this project fully and frankly. I also confirm that these issues have been discussed with the student and will continue to be reviewed in the course of supervision.