When undertaking a research or enterprise project, Cardiff Met staff and students are obliged to complete this form in order that the ethics implications of that project may be considered.

**If the project requires ethics approval from an external agency (e,g., NHS)**, you will not need to seek additional ethics approval from Cardiff Met. You should however complete Part One of this form and attach a copy of your ethics letter(s) of approval in order that your School has a record of the project.

The document ***Ethics application guidance notes*** will help you complete this form. It is available from the [Cardiff Met website](http://www.cardiffmet.ac.uk/research/Pages/Research-Ethics.aspx). The School or Unit in which you are based may also have produced some guidance documents, please consult your supervisor or School Ethics Coordinator.

Once you have completed the form, sign the declaration and forward to the appropriate person(s) in your School or Unit.

**PLEASE NOTE:   
Participant recruitment or data collection MUST NOT commence until ethics approval has been obtained.**

**PART ONE**

|  |  |
| --- | --- |
| Name of applicant: | Kimberley Rose Hunter |
| Supervisor (if student project): | Catherin Tryfona |
| School / Unit: | School of Technologies |
| Student number (if applicable): | ST20095049 |
| Programme enrolled on (if applicable): | Software Engineering |
| Project Title: | How technology can be used in the development of young children with autism spectrum disorder |
| Expected start date of data collection: | 11/02/2019 |
| Approximate duration of data collection: | 1 month |
| Funding Body (if applicable): | Click here to enter text. |
| Other researcher(s) working on the project: | If your collaborators are external to Cardiff Met, include details of the organisation they represent. |
| Will the study involve NHS patients or staff? | No |
| Will the study involve human samples and/or human cell lines? | No |

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| --- | --- |
| Does your project fall entirely within one of the following categories: | |
| Paper based, involving only documents in the public domain | Yes |
| Laboratory based, not involving human participants or human samples | No |

|  |  |
| --- | --- |
| Practice based not involving human participants (eg curatorial, practice audit) | No |
| Compulsory projects in professional practice (eg Initial Teacher Education) | No |
| A project for which external approval has been obtained (e.g., NHS) | No |
| If you have answered YES to any of these questions, expand on your answer in the non-technical summary. No further information regarding your project is required.  If you have answered NO to all of these questions, you must complete Part 2 of this form | |

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| In no more than 150 words, give a non-technical summary of the project |
| Overall, the aim of this project Is to create an application that is designed to aid in the daily communication of children with autism spectrum disorder. And to discover if using such technology has a positive or negative impact on the child. |

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| **DECLARATION:**  **I confirm that this project conforms with the Cardiff Met Research Governance Framework**  **I confirm that I will abide by the Cardiff Met requirements regarding confidentiality and anonymity when conducting this project.**  **STUDENTS: I confirm that I will not disclose any information about this project without the prior approval of my supervisor.** | |
| Signature of the applicant:  K.Hunter | Date: 25/01/19 |
| **FOR STUDENT PROJECTS ONLY** | |
| Name of supervisor: | Date: |
| Signature of supervisor: | |

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| --- | --- | --- | --- |
| **Research Ethics Committee use only** | | | |
| Decision reached: | Project approved | |  |
| Project approved in principle | |  |
| Decision deferred | |  |
| Project not approved | |  |
| Project rejected | |  |
| Project reference number: Click here to enter text. | | | |
| Name: Click here to enter text. | | Date: Click here to enter a date. | |
| Signature: | | | |
| Details of any conditions upon which approval is dependant:  Click here to enter text. | | | |

**PART TWO**

|  |  |
| --- | --- |
| **A RESEARCH DESIGN** | |
| A1 Will you be using an approved protocol in your project? | No |
| A2 If yes, please state the name and code of the approved protocol to be used[[1]](#footnote-1) | |
|  | |
| A3 Describe the research design to be used in your project | |
| Questionnaire in two parts   * The first collecting data about the possible users of the app/ Children with Autism  1. Survey Size: about 50 people 2. Posted on social media pages specialising in, special needs and autism 3. Will have the option to say if they are willing to test the web app.  * The second after the app has been released to gain feedback  1. Survey Size: 30/ How many people agree from survey 1 2. Will be emailed the link to the web page, along with a link to the questionnaire.   It is important to note that there will be no direct contact with children all contact will be done through the parents. | |
| A4 Will the project involve deceptive or covert research? | No |
| A5 If yes, give a rationale for the use of deceptive or covert research | |
| Click here to enter text. | |
| A6 Will the project have security sensitive implications? | No |
| A7 If yes, please explain what they are and the measures that are proposed to address them | |
| Click here to enter text. | |

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| **B PREVIOUS EXPERIENCE** |
| B1 What previous experience of research involving human participants relevant to this project do you have? |
| Click here to enter text. |
| B2 **Student project only** What previous experience of research involving human participants relevant to this project does your supervisor have? |
| Click here to enter text. |

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| **C POTENTIAL RISKS** |
| C1 What potential risks do you foresee? |
| The application may cause unintentional stress to the child due to it being a change, everyone who fills out the questionnaire will have the option to participate In testing the finished application.  Some People may feel uncomfortable about giving away their child’s information |
| C2 How will you deal with the potential risks? |
| If a parent gives consent for the app to be tested, make them aware that it may take their child a few days to adjust. At the start of the questionnaire there will be a letter detailing what information will be collected and why. It will also detail how the information handled and what will be done with the information. The parent will be reassured that the information that they provide will be used for the sole purpose of research and only used by myself. Once the data has been analysed the information from the parents who did not want to test the application will have their information removed. Once the test information from the second questionnaire has been collected the rest of the information will be removed. |

When submitting your application you **MUST** attach a copy of the following:

* All information sheets
* Consent/assent form(s)

An exemplar information sheet and participant consent form are available from the Research section of the Cardiff Met website.

Questionnaire 1

1. Is your child male or female?

* Male
* Female

1. How Old is your child?

* 0-1
* 2-3
* 4-5
* 6- or older

1. Has your child been diagnosed with autism?

* Yes
* No

1. Are they in the process of being diagnosed or do you believe they may be autistic?

* Yes
* No

1. Do they have trouble communicating?

* Yes
* No

1. Do they get anxious in social situations?

* Yes
* No

1. From the list below which traits does your child show?

* Not able to talk
* Dull tone of voice
* Repeating words or tasks
* Repetitive movements
* Ticks( a behaviour such as a movement that may present when the child is uncomfortable)
* Need for sameness ( they do not like change)
* Excel in one or more tasks
* Unusual interests in tasks
* have a strong sense of smell, hearing, touch or sight

1. Have you previously tried a communication aid with your child in the past?

* Yes
* No

If yes which one?



1. Have you used any sensory calming techniques?

* Yes
* No

If yes Which one?

1. Has your child used pecs?

* Yes
* No

1. Does your child currently have access to a mobile device?

* Yes
* No

LINK TO QUESTIONNAIRE 1: <https://kimberleyhunter.typeform.com/to/Bra33p>

Questionnaire 2

* + - 1. Did you enjoy using the app?

Rate out of 5 stars

* + - 1. Did your Child enjoy using the app?

Rate out of 5 Stars

* + - 1. Would you Recommend the app to others?

Yes?

No?

* + - 1. Was there anything that could be improved?

-

* + - 1. What else would you like to see in the app?

LINK TO QUESTIONNAIRE 2 : <https://kimberleyhunter.typeform.com/to/m9Dlwc>

1. An Approved Protocol is one which has been approved by Cardiff Met to be used under supervision of designated members of staff; a list of approved protocols can be found on the Cardiff Met website here [↑](#footnote-ref-1)