

RESEARCH PROJECT: ETHICS REGISTRATION AND APPROVAL FORM

Section One: Registration *[To be completed by researcher]*

Title of research project/dissertation	
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Researcher's name	
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Student number (if applicable)	
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Please only complete the following if researcher is a student:

Programme of study	
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Academic Year	
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Module code (if applicable)	
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Principal Supervisor	
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Start Date	
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Brief outline of research topic:

Short description of proposed research methods including identification of participants:

Ethical considerations in the research project		YES	NO
1. Does your research involve an external organisation or partner?		<input type="checkbox"/>	<input type="checkbox"/>
2. Does your research involve human participants?		<input type="checkbox"/>	<input type="checkbox"/>
3. If yes to Q.2, will you inform the participants about the research?		<input type="checkbox"/>	<input type="checkbox"/>
4. Will you obtain their consent using the standard consent form?		<input type="checkbox"/>	<input type="checkbox"/>
5. Is any deception involved?		<input type="checkbox"/>	<input type="checkbox"/>
6. Do any participants constitute a 'vulnerable group'? (refer to definition of Vulnerable People)		<input type="checkbox"/>	<input type="checkbox"/>
7. Will the research involve the following information?			
Commercially sensitive	<input type="checkbox"/>	<input type="checkbox"/>	
Personally sensitive	<input type="checkbox"/>	<input type="checkbox"/>	
Politically sensitive	<input type="checkbox"/>	<input type="checkbox"/>	
Legally sensitive	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the research likely to have any significant environmental impacts?		<input type="checkbox"/>	<input type="checkbox"/>
9. Are there likely to be any risks for the participants in your research?		<input type="checkbox"/>	<input type="checkbox"/>
10. Are there likely to be any risks for you in conducting the research?		<input type="checkbox"/>	<input type="checkbox"/>
11. If yes [to 5, 6, 7, 8, 9 or 10 above] have you identified steps to address the issues and mitigate any risks to participants, yourself or the environment?		<input type="checkbox"/>	<input type="checkbox"/>

Statement to explain how any issues identified above will be addressed and what steps will be taken to mitigate such risks or adverse impacts

Ethical category of research project

Based on the above Ethical Considerations and with reference to the University's Ethical Scrutiny Risk Assessment tool identify the Ethical category of your research project (refer to <http://northumbria.ac.uk/static/5007/respdf/riskassessmenttool.pdf> for further guidance):

[Please tick as appropriate]

Red	<input type="checkbox"/>	vulnerable participants; human tissue; sensitive data; risks to participants & researchers etc.
Amber	<input type="checkbox"/>	human participants requiring informed consent; commercially sensitive information etc.
Green	<input type="checkbox"/>	no participants involved; secondary data only; no sensitive data

I have read the University and the Faculty Ethics Policy and Procedures and confirm that the answers I have given above are correct. Where issues arise under items 5, 6, 7, 8, 9 or 10 [above] I have described in writing how I intend to approach these issues in the research.

Researcher's signature

Date

Section 1 Ethics Registration to be submitted to Principal Supervisor

Section Two: Approval

Supervisor/Module Tutor's name	
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Ethical approval *[Please tick as appropriate]*

Green - Ethical approval is given without conditions	<input type="checkbox"/>
Amber - Ethical approval is given with the following conditions:	
15. Information to be provided to all participants	<input type="checkbox"/>
16. Participant consent to be obtained using the standard Research Participant Consent Form or otherwise in accordance with Faculty procedures	<input type="checkbox"/>
17. Data to be stored and destroyed securely in accordance with University guidelines	<input type="checkbox"/>
18. Adherence to DPA	<input type="checkbox"/>
19. Anonymity to be provided to participants	<input type="checkbox"/>
20. Commercial confidentiality to be provided to organisations(s)	<input type="checkbox"/>
21. Other (please state):	<input type="checkbox"/>
Red - Project is referred to FREC for approval	<input type="checkbox"/>

Name & role of approving member of staff 1:
Signature
Date

Outcome of FREC referral – Decision, minute and date of meeting; identify two signatories
