|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EA2**  **Ethical Approval Form:**  **Human Research Projects** | | **Please word-process this form, handwritten applications will not be accepted** | | | |  |
| This form must be completed for each piece of research activity whether conducted by academic staff, research staff, graduate students or undergraduates. The completed form must be approved by the designated authority within the Faculty.  **Please complete all sections**. If a section is not applicable, write N/A. | | | | | | |
| **1 Name of Applicant** |  | | | | | |
| Department: | | | | Faculty: | |
| **2 Position in the University** |  | | | | | |
| **3 Role in relation to this research** |  | | | | | |
| **4 Brief statement of**  **main Research Question** |  | | | | | |
| **5 Brief Description of Project** |  | | | | | |
| Approximate Start Date: | | | Approximate End Date: | | |
| **6 Name of Principal Investigator  or Supervisor** |  | | | | | |
| Email address: | | Telephone: | | | |
| **7 Names of other researchers or**  **student investigators involved** | **1.**  **2.**  **3.**  **4.** | | | | | |
| **8 Location(s) at which project**  **is to be carried out** |  | | | | | |

|  |  |
| --- | --- |
| **9 Statement of the ethical issues**  **involved and how they are to**  **be addressed –including a risk assessment of the project based on**  **the vulnerability of participants, the**  **extent to which it is likely to be harmful and whether there will be**  **significant discomfort.**    **(This will normally cover such issues as whether the risks/adverse effects**  **associated with the project have**  **been dealt with and whether the benefits of research outweigh the**  **risks)** |  |

**Ethical Approval From Other Bodies**

|  |  |
| --- | --- |
| **10 Does this research require the**  **approval of an external body ?** | **Yes  No** |
| **If “Yes”, please state which body:-** |
| **11 Has ethical approval already been**  **obtained from that body ?** | **Yes  Please append documentary evidence to this form.**  **No**  **If “No”, please state why not:-**  **Please note that any such approvals must be obtained and documented before the project begins.** |

**APPLICANT SIGNATURE**

**I hereby request ethical approval for the research as described above.**

**I certify that I have read the University’s ETHICAL PRINCIPLES FOR CONDUCTING RESEARCH WITH HUMANS AND OTHER ANIMALS.**

     

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**Applicant Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME**

**FOR COMPLETION BY THE CHAIR OF THE FACULTY RESEARCH COMMITTEE**

Please select ONE of A, B, C or D below:

**A. The Faculty Research Committee gives ethical approval to this research.**

**B. The Faculty Research Committee gives conditional ethical approval to this research.**

|  |  |
| --- | --- |
| **12 Please state the condition (inc.**  **date by which condition must be**  **satisfied if applicable)** |  |

**C. The Faculty Research Committee cannot give ethical approval to this research but refers the application**

**to the University Research Ethics Committee for higher level consideration.**

|  |  |
| --- | --- |
| **13 Please state the reason** |  |

**D. The Faculty Research Committee cannot give ethical approval to this research and recommends**

**that the research should not proceed.**

|  |  |
| --- | --- |
| **14 Please state the reason** |  |

**Signature of Chair of Faculty Research Committee (or nominee)**

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**Signed Date**