Dublin City University
School of Computing
ETHICS COMMITTEE (SEC)

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

PROJECT TITLE	CA326 Project - Receiptless
PROJECT SUPERVISOR(S)	Dr. Ray Walshe
START AND END DATE	2019-09-22 to 2020-03-06

Please ensure that __all__ supplementary information is included in your application (in one 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		N/A
Recruitment advertisement (How are you getting volunteers?)		N/A
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		N/A
Evidence of external approvals related to the research		N/A
Questionnaire/Survey	YES	
Interview/Focus Group Questions	YES	
Debriefing material		N/A
Other (e.g. local government approval)		N/A

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	N/A
Undergraduate Project – non-final Year	YES
Taught Masters (Practicum)	N/A

(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

SUPERVISOR(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
Dr. Ray Walshe	School of Computing	ray.walshe@dcu.ie

STUDENT(S):

NAME	SCHOOL/UNIT	EMAIL
Karl Duignan	School of Computing	karl.duignan2@mail.dcu.ie
Tom Callaghan	School of Computing	tom.callaghan4@mail.dcu.ie

DECLARATION BY SUPERVISOR(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):

Supervisor(s): _____

*Print
Name(s) here:*_____

Date: _____

2. PROJECT OUTLINE

2.1   SIMPLE 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.

> The goal of our project is to allow users to store receipts and track their expenses.
> Users will take a picture of their receipt, the text on the receipt is read. The text is displayed and users can track their expenditure based on this data.

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 justification is that this is an assignment for CA326. The aim of our project is to make the storing of receipts for consumers more convenient. This app allows you to make expense tracking a lot easier, as well as unclustering your wallet/purse.

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.

> A basic form based on user experience will be drafted. Once filled out by the participant, the data will be read and then disposed of.

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.

> Our sample consisted of people between the ages of 18-55.

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.

> No.

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	**N/A**
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.

Participants will be friends and family of the project members.

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*?***

Results will be shared among our project members. Participants will not receive results.

2.7   **ARE OTHER APPROVALS REQUIRED TO GAIN ACCESS TO ANOTHER LOCATION, ORGANISATION ETC.? (e.g. a School or company)**

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.)

N/A

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

Not applicable. No risk.

3.2   **DOES THE RESEARCH INVOLVE:**

	YES or NO
● use of a questionnaire? (attach copy)?	YES

● interviews (attach interview questions)?	NO
● 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.

There are no potential risks to participants.

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

YES or NO
YES

(If YES, provide details.)

App will be tailor to their liking.

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

N/A

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.

There will be no unexpected outcomes.

3.7   HOW WILL THE CONDUCT OF THE PROJECT BE MONITORED?
Please explain how the supervisor 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

Regular checks to ensure form data is valid. ie. not spam.

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.)

N/A

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.)

N/A

4.   CONFIDENTIALITY/ANONYMITY

4.1   WILL THE IDENTITY OF THE PARTICIPANTS BE PROTECTED?

YES or NO
YES

N/A

IF YOU ANSWERED YES TO 4.1, PLEASE ANSWER THE FOLLOWING QUESTIONS:

4.2   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

Google Forms will be anonymous.

4.3   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

Participants will be informed of this via the Plain Language Statement.

5.   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***

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

YES or NO
YES

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	**YES**
We confirm that we have put in place a Personal Data Security Schedule (PDSS) for the project and have attached it to this application	**YES**

Please see the GDPR and the Research Ethics Process section of the [SCEC main webpage](#) for guidance

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

5.2   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

Email, Password (encrypted)

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

YES or NO
YES

(If NO, please explain why.)

N/A

6.   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.

6.1   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.

Data will be stored on Google Forms, a secure external provider.

6.2   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.

The project group.

6.3   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.*

Until the project is completed, which is run parallel to Semester 2 2020.

6.4   IF DATA/SAMPLES ARE TO BE DISPOSED OF, PLEASE EXPLAIN <u>HOW</u>, <u>WHEN</u> AND <u>BY WHOM</u> 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.*

These will be deleted from Google Forms upon completion of the assignment grading by a member of the project Group.

7.   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 (Supervisor and student 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?	YES
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	YES

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

N/A

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8.   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: **https://www.dcu.ie/researchsupport/ethicsapproval.shtml***

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

N/A

Link to feedback form:

https://docs.google.com/forms/d/e/1FAIpQLScoqg9xQLgBWP161w0TYoF_4DP4H30_RFzoDUGNtKkRgURdMg/viewform

<u>Consent Form and Plain language Text Statement Below</u>

DUBLIN CITY UNIVERSITY
Informed Consent Form

Receiptless Survey
School: *School of Computing.*
CA326: *3rd Year Project*

Clarification of the purpose of the research:
The purpose of this research is to gather feedback on the design of Receiptless, our new App development, and improve the user experience.

Confirmation of particular requirements as highlighted in the Plain Language Statement:
Requirements include involvement, completion of a short survey.

> <u>*Participant – please complete the following (Circle Yes or No for each question)*</u>
> *I have read the Plain Language Statement (or had it read to me)*   *Yes/No*
> *I understand the information provided*   *Yes/No*
> *I have had an opportunity to ask questions and discuss this study*   *Yes/No*
> *I have received satisfactory answers to all my questions*   *Yes/No*
> *I am aware that my interview will be audiotaped*   *Yes/No*

Confirmation that involvement in the Research Study is voluntary
I may withdraw from the Research Study at any point.

Confirmation of arrangements regarding retention/disposal of data:
Google Forms will manage retention and disposal of Data. We will also not be sharing any of this anonymised data with anyone or storing it locally.

<u>**Signature:**</u>

I have read and understood the information in 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 research project.

Participants Signature:

Name in Block Capitals:

Witness:

Date:

Introduction to the Research Study:
The purpose of this research is to gather feedback on the design of Receiptless, a mobile app to store receipts and track expenses, to improve the app for the user.

We are doing this research as part of a CA326 module in DCU.

Details of what participant involvement in the Research Study will require:
The participant will be asked to complete a short, five-minute feedback form on their opinions of the design of the app.

Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations:
Google Forms will manage this. We will also not be sharing any of this anonymised data with anyone or storing it locally. Any data will be deleted as soon as we are finished our assignment.

Statement that involvement in the Research Study is voluntary
Participants may withdraw from the research study at any point.

Advice as to whether or not data is to be destroyed after a minimum period
The data gathered will not be used for future studies. Data is to be destroyed after our use.

Statement that involvement in the Research Study is voluntary
All recipients of the survey have the choice whether to fill out the feedback form or not. No recipient is forced to fill out the form.

If participants have concerns about this study and wish to contact an independent person, please contact:
The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail rec@dcu.ie

<u>**Signature:**</u>

I have read and understood the information in 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 research project

    Participants Signature:

    Name in Block Capitals:

    Witness:

    Date: