UNIVERSITY OF CAMBRIDGE

**Research Ethics Approval Form**

**GUIDANCE NOTES**
If you are undertaking a research project you are required to complete this form. Doing so will help you identify the aims and methods of your research, and any potential ethical implications. This will be a useful starting point for a discussion with your Supervisor about how to handle such issues or, where possible, avoid them (e.g. by using a different method).

If your research project involves the collection of primary data (e.g. interview, ethnographic observation, experiment) all questions must be answered and you will be asked to provide copies of your Participant Consent Form and Participant Information Sheet. For information on academic research involving personal data, and to help you to determine if you are collecting personal data, please see the University's webpages on Research Integrity: www.research-integrity.admin.cam.ac.uk/academic-research-involving-personal-data

If your research project does not involve the collection of primary data, you only need to answer questions 1-11 inclusive.

This form will be reviewed by ICE's Research Ethics Committee (ICE REC). If you have any queries or require help completing the form please contact your Supervisor.

**Confidentiality**
This form and any supporting evidence will be treated confidentially within ICE. The form will only be viewed by those necessary to consider your request and support you in the process.

The information you supply on this form will be used solely for these specific purposes. Further details about our general uses of your personal information, and your rights under data protection legislation, are available at www.information-compliance.admin.cam.ac.uk/data-protection/student-data

Note: this version of the form is only for draft applications. Final versions need to be submitted via the online form available at https://www.ice.cam.ac.uk/info/student-forms

**Part A: Your details**

1. Title:
2. Given (first) name:
3. Surname (family name):
4. Email address:
5. What course are you studying:
6. Supervisor's name:
7. Supervisor's email address:

8. Briefly describe the aims of your research and/or research question(s):

9. Briefly describe your research methods and procedures. Include information about:
   - Personal questions
   - Rough interview schedules
   - Draft questionnaires
   - Duration and frequency of assessment sessions
   - Any other methods

10. Please declare any potential conflicts of interest that may arise in undertaking your research project:

For information on conflicts of interested please see: www.research-integrity.admin.cam.ac.uk/research-ethics/ethics-application-guidance/conflict-interest

11. Do you plan on conducting research involving any of the following:

    Tick all that are applicable

☐ Interviewing or observing people

☐ Collection of data that may be of a personal nature or involve methods that affect the subject(s)

☐ Children under 18 and/or people in health care and/or vulnerable adults

☐ Animals

☐ Human Remains

☐ HRA/NHS (if your research involves NHS patients, data, staff, or facilities then you will require approval from the Health Research Authority and/or NRES ethical approval. In all such cases please contact the Research Governance team at the Clinical School for advice: researchgovernance@medschl.cam.ac.uk)

☐ Other ethical issues (describe below)

☐ None of the Above (if this option is selected, there is no need to complete Part B of the form. Please go to the end of the form and sign and date it before submitting it)

12. Other Ethical Reason:

**Part B**

13. Please provide details about the participants (gender, age, ethnicity, occupation where relevant):

14. Will your research require you to have a DBS (Disclosure and Barring Service - http://www.gov.uk/government/organisations/disclosure-and-barring-service) check? If yes, please ensure that you have the right level of check in place, and attach your certificate. .

    ○ Yes ○ No

15. Describe any discomfort or inconvenience to which participants may be subjected. If none, state "n/a. Include information about:
    - Procedures that for some people could be physically stressful or might impinge on their safety;

- Procedures that for some people could be psychologically stressful;
- Are there any other types of personal data that are planned or likely to be collected?

16. Will participants be paid or given any compensation for their participation? If so, please provide details:

17. Please state how you will provide what information participants will receive about the study - a proposed Participant Information Sheet. Attach PIS on webform (drag and drop)

18. What information about the research procedure or the purpose of the investigation will be withheld from the participant (if any):

19. When and how will consent be obtained?
Tick all that are applicable

- ☐ Prior to the investigation
- ☐ At the time of the investigation
- ☐ Verbal consent (if selected, please state why you are not seeking written consent in the box below)
- ☐ Written consent on paper
- ☐ Electronic consent via email or other format
- ☐ Consent will be given by the participant
- ☐ Consent will be given on the participant's behalf (if selected, please state why third-party consent will be sought in the box below)
- ☐ Personally identifiable information will not be available beyond the research team
- ☐ Personally identifiable information will be available beyond the research team
- ☐ Non-applicable

Verbal consent reason:

20. How are you going to ensure consent is informed:

(There are subject specific rules for informed consent e.g. for education studies the research guidelines to follow would be from BERA (http://www.bera.ac.uk/researchers-resources/publications/ethical-guidelines-for-educational-research-2018). If you are unsure which subject specific guidance to follow please discuss with your Supervisor.

21. Please state how you will provide your proposed consent form. Ensure it has your name, address, and contact details for participants to use if required. (Upload on webform)

22. Who will see the information, where will they see it, and how consent be sought for this:

23. How will the information that you have collected be stored and who will have access to this? Will personal data be shared or stored in services located outside the EEA:

24. What security measures will be in place to protect such personal data (e.g. pseudonymisation or limitations on access):

25. How long will personal data be retained and on the basis of what criteria will this be determined:

26. At the end of the research, what will participants be told about the investigation?

27. Do you anticipate any distress among participants or problems they might have relating to the focus:

○ Yes (if so, please state how this will be dealt with in the box below) ○ No

Please state how this will be dealt with:

28. Please list below all the safeguards you will put in place for your own safety and well-being:

29. Have you or your Supervisor any experience of the procedures used? Please give brief details:

Submission
Electronic Signature (your name)

**What happens next:**

Your form will be sent to the ICE Research Ethics Committee for approval. The Committee will make a decision as soon as possible and you will be informed of their decision. If any concerns are raised you will be asked to respond to these with a covering letter and an amended application form and supporting documents, if necessary.

Once approval has been granted, a formal letter signed by the Quality Governance Manager will be sent to you and your Supervisor