**Research Ethics Approval Form**

****This document sets out the procedure to be followed for all undergraduate, postgraduate students and staff research to gain ethical approval. The Policy is based on best practice, and in context of the UCEM Research Committee Terms of Reference, the Data Protection Act 2018 and General Data Protection Regulations (GDPR).

**Form A: No Specific Ethics Risk Declaration**

|  |  |
| --- | --- |
| Researcher name: | Click or tap here to enter text. |
| Student number (if applicable): | Click or tap here to enter text. |
| Course/ module (if applicable): | Click or tap here to enter text. |
| Collaborating researchers and their details (staff or PGR only if applicable):  | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| Supervisor (if applicable): | Click or tap here to enter text. |
| Project start & end date: | Click or tap here to enter text. |
| Risk level: | No specific risk identified |
| Funding body (staff or PGR only if applicable): | Click or tap here to enter text. |
| Summary of planned research: (200-300 words; please provide details on the purpose, aim, location and objectives of the research)  | Click or tap here to enter text. |

In signing this declaration, I am confirming that my proposed project does not involve:

* direct contact with human/animal participants;
* access to identifiable personal data for living individuals not already in the public domain (including emails);
* increased danger of physical or psychological harm for researcher(s) or subject(s);
* research into potentially sensitive areas;
* use of students as research assistants.

**Researcher declaration:**

My proposed project does not therefore require an ethics review, and I have not submitted a Research Ethics Approval Form (Form B). If any changes to the project involve any of the criteria above, I undertake to resubmit the project for approval. I confirm that the information I have given in this form on ethical issues is correct.

Name as Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**Supervisor/ module tutor declaration:**

In signing this Declaration, I confirm that I have reviewed the proposed project and am satisfied that that it does not involve any specific ethics risk as defined by the School policy.

Name as Signature:Click or tap here to enter text. Date: Click or tap here to enter text.

**Form B: Ethical Approval Form (Limited or Significant Risk)**

Before completing this section, please refer to the appropriate ethical guidelines that can be found on our [website](https://www.ucem.ac.uk/policies/). Undergraduate and postgraduate taught students, please complete and return via email to your Project Supervisor/ Module Tutor along with the required documents (shown below). Staff and postgraduate research students, please complete and return via email to research@ube.ac.uk along with the required documents (shown below).

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| --- | --- |
| Researcher name: | Click or tap here to enter text. |
| Student number (if applicable): | Click or tap here to enter text. |
| Course/ module (if applicable): | Click or tap here to enter text. |
| Collaborating researchers and their details (staff or PGR only if applicable): | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| Supervisor (if applicable): | Click or tap here to enter text. |
| Project start & end date: | Click or tap here to enter text. |
| Risk level: | Limited or specific risk identified |
| Funding body (staff or PGR only if applicable): | Click or tap here to enter text. |

Summary of planned research:

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| --- | --- | --- |
| No.  | Issue | Please provide sufficient detail so that ethical issues in the research proposal can be assessed |
| 1 | **Aim/ objectives of the study**These need to be clearly stated and in accordance with the title of the study.  | Click or tap here to enter text. |
| 2 | **Brief overview of research methodology**The methodology only needs to be explained in sufficient detail and explain the approach used (e.g., survey). Include details of sample numbers, source of samples, sample strategy (inclusion/exclusion criteria), type of data collected, proposed method(s) of data analysis etc. | Click or tap here to enter text. |
| 3 | **Location of study** Where will the study take place? How have you satisfied yourself that adequate Health and Safety arrangements are in place to prevent injury or harm to both the researcher and study participants? | Business premises [ ]  Public venue [ ]  Construction site [ ]  Online [ ] Other, please state [ ]  Click or tap here to enter text.Yes [ ]  Not applicable [ ] If yes, please detail:Click or tap here to enter text. |
| 4 | **Does your study require any third-party permissions for study?** If so, please give details e.g., employer, school etc. Please provide evidence of support, such as an approval letter or email (see Appendix 3 as an example) | Yes [ ]  No [ ] If yes, please detail and include as attachment:Click or tap here to enter text. |
| 5 | **Participants**Please outline who will participate in your research. If your research involves vulnerable groups (e.g., children aged 18 or below, adults with learning disabilities), you will need to access them with the parent/carer present, and you may need to submit for a Disclosure and Barring Service check in the UK, please provide certificate (or equivalent check in your home country) | Work colleagues [ ]  Fellow students [ ]  Industry professionals [ ]  Other, please state [ ]  Click or tap here to enter text. |
| 6 | **Access to participants**Please give details about how participants will be identified and contacted.  | Click or tap here to enter text.Contact will be made via:Email [ ]  Letter [ ]  Other, please state [ ]  Click or tap here to enter text. |
| 7 | **Conflict of interest**Are there any conflicts of interest between the researcher and participants (employer, family/ friend etc)? If yes, explain how the conflicts are identified, declared, and addressed? | Yes [ ]  No [ ] If yes, please detail:Click or tap here to enter text. |
| 8 | **Informed consent.** (See Appendix 1-3 as an example) Please outline how you will obtain informed consent. Does your project involve the potential imbalance of power/ authority/ status, particularly those which might compromise a participant giving informed consent? Consider to what extent could the research induce psychological stress or anxiety, cause harm or negative consequences for the participants (beyond the risks encountered in normal life).  | Relevant information sheet consent forms completed and attached. Yes [ ]  No [ ] If no, please detail: Click or tap here to enter text. Will you be using Artificial Intelligence (AI):Yes [ ]  No [ ] If so please ensure that the below are completed and also added into the participant consent form. I hereby declare that artificial intelligence (AI) tools and technologies will be utilised in the preparation and completion of this research project. Specifically, AI was employed for the following purposes:[ ]  **Data Analysis**: AI algorithms were used to analyse large datasets, identify patterns, and generate insights that informed the research findings. Please list:[ ]  **Literature Review**: AI-assisted tools were utilised to search, summarise, and organise relevant academic literature.[ ]  **Writing Assistance**: AI-based writing tools were used to enhance the clarity, coherence, and overall quality of the written content.[ ]  **Statistical Modelling**: AI techniques were applied to develop and validate statistical models used in the research.Please detail:I acknowledge that while AI tools have significantly contributed to the efficiency and effectiveness of this research, the final interpretations, conclusions, and any errors or omissions remain my responsibility.If yes, does the participant consent form clearly explain which software will be used and if the data will be anonymised? Yes [ ]  No [ ]  |
| 9 | **Anonymity**Do you intend to offer anonymity? If results are not anonymised, please describe how they will be disseminated. | Yes [ ]  No [ ] If no, please detail:Click or tap here to enter text. |
| 10 | **Confidentiality**Please outline if study will need to be confidential, how you will offer this to respondents and how this will be respected. | Yes [ ]  No [ ] If no, please detail:Click or tap here to enter text. |
| 11 | **Does the project include any security sensitive information?** Does the research collect and use personal, corporate and/or other ‘sensitive personal data (data about the participants’ racial/ ethnic origin, political opinions, religious beliefs, trade union membership, physical/mental health, sexual life, offences, criminal proceedings, outcomes & sentences). Please explain how processing of all security sensitive information will be in full compliance of the General Data Protection Regulations (GDPR) and Data Projection Act 2018. | Yes [ ]  No [ ] If yes, please detail:Click or tap here to enter text.If, yes, do you intend to use AI to analyse data or for statistical modelling? Yes [ ]  No [ ] If yes, please detail how any risk will be addressed, and which software is being used:Click or tap here to enter text. |
| 12 | **Does the project include data collection outside of the UK?**If the work involves data collection outside the UK, are there any special issues arising because of the country or countries where the work takes place? (Issues might include different values and traditions which affect approaches to gaining informed consent and making arrangements for speakers of other languages.) | Yes [ ]  No [ ] If yes, please detail:Click or tap here to enter text.Does the research pose any legal concerns in respect of UK law?Yes ☐ No ☐If yes, please detail:Click or tap here to enter text.Does the research pose any legal concerns in respect of the laws where the data collection will take place:Yes ☐ No ☐If yes, please detail:Click or tap here to enter text. |
| 13 | **How will your data be recorded and stored?** Please confirm that as a minimum this will comply with the university data storage policy and the Data Protection Act 2018 and the UK General Data Protection Regulations (UK-GDPR); policies can be found on this [website](https://www.ucem.ac.uk/policies/). We recommend to UG/PGT students a period of 3 months, until confirmation of the module results, or longer for further research. Please describe any specific details, ticking all that apply: | Please tick all that apply, and provide additional information where relevant:Paper files: ☐ Please detail; click here to enter textOnline drive (e.g., Dropbox, Google Drive etc): ☐ Please detail; click here to enter textPassword protected? ☐ Encrypted? ☐Company computer: ☐ Please detail; click here to enter textPassword protected? ☐ Encrypted? ☐Personal computer: ☐ Please detail; click here to enter textPassword protected? ☐ Encrypted? ☐Portable drive (e.g., memory stick, CDs etc): ☐ Please detail; click here to enter textPassword protected? ☐ Encrypted? ☐Websites: ☐ Please detail; click here to enter textPassword protected? ☐ Encrypted? ☐How long will the data be stored before deletion? Please detail; click here to enter text  |
| 14 | **Incentives**Will any incentives or offer to meet any out-of-pocket expenses to participants be made? Will any form of payment or financial incentive be given? How will you ensure that the payment does not influence their responses?  | Yes [ ]  No [ ] If yes, please detail:Click or tap here to enter text. |

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| **Retrospective applications**If your application for ethics approval is retrospective, please explain why this has arisen. Yes [ ]  No [ ] If yes, please detail:Click or tap here to enter text. |

Please supply with this application, copies of all relevant supporting documentation electronically (see Appendix 1-3 as examples). If this is not available electronically, please provide explanation and supply hard copy. I have included the following documents:

|  |  |  |
| --- | --- | --- |
| Participant information sheet (see appendix 1 as an example) | [ ]  Yes  | [ ]  Not applicable  |
| Participant/ organisation consent form (see appendix 2 and 3 as an example) | [ ]  Yes  | [ ]  Not applicable  |
| Questionnaire | [ ]  Yes  | [ ]  Not applicable/ not yet available  |
| Risk assessment | [ ]  Yes  | [ ]  Not applicable/ not yet available  |
| Interview schedule | [ ]  Yes  | [ ]  Not applicable/ not yet available  |
| Approval letter/email from outside organisation | [ ]  Yes  | [ ]  Not applicable  |

**Researcher declaration:**

I confirm that the information I have given in this form on ethical issues is correct.

Name as Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**Affirmation by Supervisor/ Module Tutor**

I can confirm that, to the best of my understanding, the information presented by the student is correct and appropriate to allow an informed judgement on whether further ethical approval is required.

Name as Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**SUPERVISOR/ MODULE TUTOR RECOMMENDATION ON THE PROJECT’S ETHICAL STATUS (UG/PGT)**

Having satisfied myself of the accuracy of the project’s ethical statement, I believe that the appropriate action is:

|  |  |
| --- | --- |
| Approve | Yes [ ]  No [ ]  |
| Approve subject to recommendations [please specify] | Click or tap here to enter text. |
| Approve subject to conditions [please specify] | Click or tap here to enter text. |
| The project needs to be returned to the student for modification prior to further action (details of required modifications must be provided) | Yes [ ]  Click or tap here to enter text. |
| Reject (send back to applicant with details on how to improve, or if significant risk, please forward to Ethics Panel) | Yes [ ]  Click or tap here to enter text. |

**Approval by Supervisor/ Module Tutor**

Name as Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**ETHICS PANEL RECOMMENDATION ON THE PROJECT’S ETHICAL STATUS if applicable (Significant risk/PGR/Staff)**

On review, I believe that the appropriate action is:

|  |  |
| --- | --- |
| Approve | Yes [ ]  No [ ]  |
| Approve subject to recommendations [please specify] | Click or tap here to enter text. |
| Approve subject to conditions [please specify] | Click or tap here to enter text. |
| The project needs to be returned to the student for modification prior to further action (details of required modifications must be provided) | Yes [ ]  Click or tap here to enter text. |
| Reject (send back to applicant with details on how to improve, or if significant risk, please forward to Ethics Panel) | Yes [ ]  Click or tap here to enter text. |

**Approval by Chair of the Research Committee**

Name as Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**(Appendix 1: Sample) Participant Information Sheet**

**(Required for submission with application for ethical approval)**

**Research Project Title:**

Click or tap here to enter text.

You are being invited to take part in a research project. Before you decide, it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish. Ask if there is anything that is not clear or if you would like more information. May I take this opportunity to thank you for taking time to read this.

**What is the purpose of the project?**

State the research aim, e.g., this research project is intended to provide the research focus for a module which forms part of my degree. It will attempt to…(delete and replace this text).

**Do I have to take part?**

Give a description of why they have been chosen. Provide a clear statement of any payment arrangements for compensation for the participants’ time and any out-of-pocket expenses if applicable… (delete and replace this text). Participation on this study is entirely voluntary, so please do not feel obliged to take part. Refusal will involve no penalty whatsoever and you may withdraw from the study at any stage without giving an explanation to the researcher.

**What do I have to do?**

Give a description of what will be required of research participants, including activities undertaken and time required. Give location details if applicable… (delete and replace this text).

**Are there any disadvantages to taking part?**

There should be no foreseeable disadvantages to your participation. Give a statement about any potential risks, harm and benefits affecting the participants’ welfare, privacy and dignity… (delete and replace this text). If you are unhappy or have further questions at any stage in the process, please address your concerns initially to the researcher if this is appropriate. Alternatively, please contact the University College of Estate Management (details below).

**Will all my details be kept confidential?**

All information which is collected will be strictly confidential and anonymised before the data is presented in any work, in compliance with the Data Protection Act and ethical research guidelines and principles. Give a statement addressing confidentiality and security of information. Include details of those who will be able to access personal information, and for what purpose. Explain how respondent confidentiality is preserved and how the personal data will be presented to ensure the respondents’ anonymity… (delete and replace this text).

**What will happen to the results of the research study?**

Provide an explanation of how the data will be used. State whether the research will lead to publication in any form, and whether as a result, the participant’s identity and details recorded could potentially be identified in such publications… (delete and replace this text). If you would like a copy, please contact the researcher.

**Criminal Records check (if applicable)**

Provide a statement declaring that the researcher who may have access to children or vulnerable adults has undergone a satisfactory criminal records check… (delete and replace this text).

**Who has reviewed and approved the study, and who can be contacted for further information?**

Provide name and contact details of approver… (delete and replace this text).

In the event of any concern regarding the research ethics of this project, please email the relevant contact:

* Student projects – projects@ube.ac.uk
* PGR/ Staff projects – research@ube.ac.uk

**(Appendix 2: Sample) Participant Consent Form**

**(Required for submission with application for ethical approval)**

|  |  |
| --- | --- |
| Researcher name and email: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| Supervisor and email (if applicable): | Click or tap here to enter text. |
| Project start & end date: | Click or tap here to enter text. |

Respondent’s declaration: (tick boxes to indicate agreement and consent)

[ ]  I confirm that I have read and understood the participant information sheet related to this research and have had the opportunity to ask questions.

[ ]  I fully understand the purpose of this study.

[ ]  I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason up until the point that any anonymised data has been aggregated with the data from other anonymised participants.

[ ]  I understand that all my responses will be anonymised.

[ ]  I understand any information which might potentially identify me will not be used in published material without my prior consent.

[ ]  I understand how my data (including special categories of personal data, and this consent form) will be managed and stored.

[ ]  I give permission for members of the research team to have access to my anonymised responses.

[ ]  I agree to take part in the above study. By completing this consent form, I consent to participate in the study.

**Use of Generative Artificial Intelligence (AI) to analyse results**

(Details of which software, level of anonymity, or delete this section if AI will not be used to analyse results)

Click or tap here to enter text.

[ ]  I agree to my responses being analysed by AI

Or

[ ]  I do not agree to my responses being analysed by AI

**Name of Participant:** Click or tap here to enter text.

**Signature of Participant or Parent/Carer:** Click or tap here to enter text.

I am aged over 18 years or over and therefore give my consent to participate in this research. If under 18 years, this consent form is to be signed by Parent/Carer.

**Date:** Click or tap here to enter text.

**Privacy and data protection:** At UCEM we are fully committed to treating your personal details with the utmost care and in line with our Privacy and Data Protection Policies that can be found on our [website](https://www.ucem.ac.uk/policies/). Any personal information which is given to us will be treated with the highest standards of security and confidentiality, in accordance with the UK Data Protection Act 2018.

**(Appendix 3: Sample) Organisational Participant Consent Form**

This form is to be used when consent is sought from those responsible for an organisation or institution for research to be carried out with participants within that organisation or institution. This may include businesses, schools, colleges, or youth work facilities.

|  |  |
| --- | --- |
| Researcher name and email: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| Supervisor and email (if applicable): | Click or tap here to enter text. |
| Project start & end date: | Click or tap here to enter text. |
| Summary of planned research: (please provide details on (1) the purpose, aim and objectives of the research, (2) the data collection methods to be used, (3) which pupils/groups/classes will be selected for this study).  | Click or tap here to enter text. |

Organisation’s declaration: (tick boxes to indicate agreement and consent)

[ ]  I confirm that I give permission for this research to be carried out, and that permission from all participants will be gained in line within my organisation’s policy.

[ ]  The results of this research will be anonymised, and the results will not include any direct reference to my organisation.

*Or*

[ ]  I confirm that I consent to the inclusion of direct reference to my organisation in the dissemination of the results of the research; I will provide a separate permission letter or email to confirm this.

**Organisation/School:** Click or tap here to enter text.

**Name and position of senior manager:** Click or tap here to enter text.

**Signature of senior manager:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.