

**ETHICS APPLICATION FORM**

(Staff)

**Please ensure that you read the ethical framework policy document prior to completing this form.**

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| **Introduction**  **All researchers engaging in primary research must obtain ethical approval by completing this form prior to commencing research. The application should be sent to the Research Centre for review by the ethics committee.**  **It is expected that the ethics approval form is submitted once funding is obtained for research and the research is about to commence. In the event that a funding body requires an ethical approval prior to application, this form can be submitted, and it should be clearly indicated.**  Ensure that you do not commence data collection or research in any way until final approval is given in writing. This will be done once all conditions are met.  *If you have any queries whilst completing this form, kindly email research.center@lsst.ac*  **CIRCLE THE APPROPRIATE ANSWER: Please put a cross in the relevant box *(double click on the box and select ‘checked’)***  ST  Qualification level (BA, BSc, MSc or PhD)  Campus: Aston Luton Wembley Elephant and Castle  *If you are conducting collaborative research, you may not need to complete this form as long as you have one completed with your collaborating institution. Refer to the ethical framework policy for more information* | |
| **SECTION 1: APPLICANT DETAILS and PROJECT TITLE** | |
| Name of Lead Applicant: |  |
| Names of other investigators: |  |
| Telephone no: |  |
| Email:*(all correspondence will be sent by email unless otherwise requested)* |  |
| Affiliations |  |
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| Highest Qualification (e.g., MSc or PhD) |  |
| Campus |  |
| List collaborating organisations if any |  |

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| **PROJECT TITLE, START DATE AND DURATION** | |
| Title of project: |  |
| Proposed start date  *(Note that approval can take some time hence applications should be submitted at least three weeks before proposed start date).* |  |
| Duration: |  |
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| **SECTION 2: EXTERNAL COLLABORATOR DETAILS**  **Please give details of any external collaborators on this project**  *This information is important for LSST Research centre to establish if there is a requirement to initiate a memorandum of understanding with the collaborating institute. There should be clarity on data sharing and the role played by each institute. Refer to LSST ethical framework policy in handbook.* | |
| **Circle the box below if there are no collaborators for your project insert (N/A) and progress to the next section.**  ￼ | |
| 1. Name of collaborating institution.  Sector of organisation example research institute, higher education sector etc.  Country of collaborating institute |  |
| 2. Please state the full details of the collaboration. | |
| 3. Have agreements been put in place for this collaboration (e.g. MOU, contract, data sharing agreement, role of each investigator etc.)?  YES  NO    If you have answered yes, please give details of the documentation and attach a copy to this application.  Note that if there are no agreements in place, the research centre might give further advise if deemed necessary. | |
| **SECTION 3: THIRD PARTY DETAILS**  **These are people/organisations that may not be involved in conducting the research but play a role in data collection or research dissemination.**  This information is required to ascertain if there is a need for an MOU, a contract agreement or any further documentation. | |
| **Are there third parties involved in your research?**  Yes    **If there are no third parties involved in your research (other than organisations that are participants rather than third parties) please circle the box below and go to section 1d**  **NO THIRD PARTIES** | |
| 1. Name of Third Party (if individual please give person’s name; if an organisation please give name of organisation).  Type of Third Party:  University  School  PhD Supervisor  Charity  Translators or transcription services  Other educational institution (please give details)  Friend/ colleague from another University  NHS  Funder  Professional Bodies  Commercial Organisation  Other (please give details) | |
| 2. Please specify the role of Third Party. Include any details of funding | |
| 3. Does the third party play a role in data collection? YES  NO  If you have ticked yes, please state details | |
| If there are agreements in place with third party organisations, please attach them here. | |

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| **SECTION 1d: EXTERNAL GUIDELINES AND APPROVAL** |
| 1. Is you project subject to approval by an external professional body?  2. Is there a requirement to submit an ethics approval to any external body? Example e.g., NHS ethics approval or another University if a collaborative project?  YES  NO  If yes, please give details and include of their approval. |

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| **SECTION 2: PROJECT – PURPOSE AND OUTLINE** |
| **2.1. Purpose of the proposed investigation (500 words)**  Kindly give a clear background to your proposed project. |
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| **2.2. Outline of the project (500 words)**  Clearly state the proposed methodology including interview details, forms for questionnaires and focus groups. |
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| **2.3. Ethical issues raised by the project and how these will be addressed (at least 300 words)**  Are there any ethical issues you feel might arise from the project? If the answer is yes, attach a risk assessment on how harm will be minimised or eliminated. |
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| **SECTION 3: RESEARCH INVOLVING PARTICIPANTS** |
| * State the proposed number of participants * Attach participant consent forms (blank) |
| **3.1. Give details of the method of recruitment and the potential benefits. Clearly state if there are any incentives given to the participant.** |
| State clearly, the proposed participant recruitment method |
| **3.2. Research Training** |
| Are there any training needs for your research?  If yes, outline below: |
| **3.3. Under 18s and Vulnerable Participants – DBS (Disclosure and Barring Service)** |
| 1. Are any of your participants under the age of 18?    YES  NO  2. Are any of your participants considered vulnerable? (Refer to ethical policy framework)  YES  NO    If you have answered yes to any of the above, clearly highlight potential that may arise as a result of working with these groups.  3. There is a need for a DBS clearance if working with any of the above groups. Kindly liaise with HR in your campus to organise one and attach a copy here?  4. If you already have DBS clearance, please provide details of your DBS check (please send a copy of the actual DBS certificate).    Date and Disclosure Number  Issued via LSST YES  NO    If not issued by LSST, state name of issuing organisation:  Name of organisation  Relationship to organisation  Are you registered with the DBS Update Service YES  NO    If yes please provide reference number |
| Please state any other information you feel is relevant to your application here |

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| **SECTION 4: HEALTH AND SAFETY** |
| **4.1. Please give a brief overview of the main risks involved in the project and clearly outline proposed measures to mitigate them** |
| Summarise the main risks identified for your project here  Summarise measures to mitigate these risks. |
| **4.2. Overseas Research** |
| 1. **Will any of your project take place outside the UK?**     YES  NO   1. Will you or any LSST researchers be travelling outside the UK? (Please note that if yes, the research center will contact you for further discussion and approval)     YES  NO     1. **If outside the UK, in which country will your project take place:**   **State any potential legal implications for collecting data or travel to your proposed overseas country.** |
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| **SECTION 5: PUBLICATION AND IMPACT OF RESEARCH**  Please contact your Research centre in the first instance if you have questions about how to complete this section. | |
| 1. How will you disseminate your findings (e.g., publication)? | |
| 2. If applicable, who are the main stakeholder and beneficiary groups that you intend to engage as part of this process? | |

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| **SECTION 6: DATA PROTECTION** |
| Before completing this section of the form, you should read the LSST data protection policy.  State how you will ensure the anonymity or confidentiality of your participants?  **I confirm that I have read the LSST Data Protection Policy Yes/No**  Please confirm that you will process data in line with LSST IT policy available |
| **6.1.** **Personal data processing** |
| Please give details of how personal data will be processed and stored. |
| **6.2. Legal basis of the research** |
| Please confirm that your research is for public interest not commercial interest by ticking the box below |

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| **SECTION 8: APPLICANT’S CONFIRMATION** | |
| I confirm that the information supplied on this form is correct and fully completed | |
| Applicant’s Name (Principal investigator) |  |
| Signature |  |
| **Initials and Signatures of all investigators:** | |
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| Date: |  |

**The Application Form does not need to be printed out.**

**The form and attachments should be sent by email to: research.center@lsst.ac**