|  |
| --- |
| Tick one box: 🞏 POSTGRADUATE project UNDERGRADUATE project  Title of project:  Date:  Student name:  Student Department/School:  Student email address:  Name of supervisor: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | YES | NO | N.A. |
| **1** | Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect in your study? | |  |  |  |
| **2** | Will you tell participants that their participation is voluntary? | |  |  |  |
| **3** | Will you obtain written informed consent for participation? | |  |  |  |
| **4** | If the research is observational (including audio, video, and/or online), will you ask participants for their consent to being observed? | |  |  |  |
| **5** | Will you tell participants that they may withdraw from the research at any time without penalty and for any reason? | |  |  |  |
| **6** | If using questionnaires or interviews, will you give participants the option of omitting questions they do not want to answer without penalty? | |  |  |  |
| **7** | Will you tell participants that their data will be treated with full confidentiality (and will be anonymised) and that, if published, it will not be identifiable as theirs? | |  |  |  |
| **8** | Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study and give them the opportunity to ask questions)? | |  |  |  |
|  | | | | | |
| **9** | Will your project involve deliberately misleading participants in any way? | |  |  |  |
| **10** | Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If Yes, give details on a separate sheet and state what you will tell them to do if they should experience any problems (e.g. who they can contact for help). | |  |  |  |
| **11** | Will you tell participants that if you plan to use their data for another research project you will do so with their expressed written consent? | |  |  |  |
| **12** | Will you explain to the participants how do you plan to treat and for how do you plan to store their data? | |  |  |  |
| **13** | Do participants fall into any of the following special groups? If they do, please tick box B overleaf. | Schoolchildren (under 18 years of age) |  |  |  |
| People with learning or communication difficulties |
| Clinical patients, e.g. mental health issues |
| People in custody |
| People engaged in illegal activities (e.g. drug-taking) |
|  | | | | | |
| **14** | Background of research project (200 words maximum) In this section you explain the overall aim of the research project and outline specific research questions. It should indicate why the study is an area that should be explored and identify the benefits that the research project might bring. | | | | |
|  |  | | | | |
| **15** | Brief outline of project and study method (300 words max) Outline the methodology used in the project, including the research design, data collection, and plans for data analysis. It should also address how informed consent will be achieved and explain how you will respond to participant’s expressed desire to withdraw from the project. | | | | |
|  |  | | | | |
| **16** | Inclusion and exclusion criteria for research participants (100 words max) Indicate what criteria will be used to select and/or exclude participants. Recruitment procedures should also be explained. | | | | |
|  |  | | | | |
| **17** | Data Protect. Explain the way in which the data will be processed and stored. This must comply with GDPR and data protection legislation. Please check the research ethics guidelines for more information. | | | | |
|  |  | | | | |

**Ethical implications:** (*tick one box*)

|  |  |  |  |
| --- | --- | --- | --- |
| A | I consider that this project has **no significant ethical implications** to be brought before the Ethics Committee. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| B | I consider that this project **may have ethical implications** to be brought before the Ethics Committee and /or it will be carried out with children or vulnerable populations. |  |  |

Student signature: Date:

**I am the manager or supervisor for this research. I have read this application and approve it. I do not consider that any part of the research process will cause physical and/or psychological harm to participants, or be detrimental to the reputation of Richmond, The American International University in London.**

Supervisor signature: Date:

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| --- |
| Submit the completed form and attachments as **an electronic copy in a DOC format (please do not submit your application in a PDF format)** to researchethics@richmond.ac.uk with ‘Student Ethics Research Application’ in the subject line.  Please ensure that you have attached copies of all relevant supporting documents as approval to proceed cannot be granted until these are received:   * participant consent form * data collection materials, e.g. questionnaires, interview questions, observation guide * debriefing information (compulsory for Psychology; applicants in other disciplines to consult supervisor) * any other supporting documents |

## OUTCOME

### *To be signed by a Member of the Research Ethics Committee: tick one box.*

|  |  |  |
| --- | --- | --- |
| **I grant ethics approval for this research** |  |  |

|  |  |  |
| --- | --- | --- |
| **I do not grant ethics approval for this research** (*provide rationale below*) |  |  |

|  |
| --- |
| *Provide rationale and advise amendments to the research*  The application has been evaluated and needs minor revisions based on the following issues: |

Signed: Date:

Printed Name:

APPENDIX A: Research Participant Informed Consent Form

Text

Description automatically generated with low confidence

**PARTICIPATION CONSENT FORM**

**Full title of Project**:

**Brief Description of Project:**

**Name, position, and contact email of Researcher(s)**:

|  |  |
| --- | --- |
|  | Please Initial Box (type if emailing consent) |
| I confirm that I understand the purpose of the study and have had the opportunity to ask questions. |  |
| I understand that my participation is voluntary and that I  am free to withdraw at any time, without giving reason. |  |
| I agree to take part in the above study. |  |
| I agree to the interview being audio and video recorded |  |
| I agree to the use of anonymised quotes in publications |  |

Name of Participant: Date:

Signature:

Name of Researcher: Date:

Signature:

Name of Course Instructor:

Email address of Course Instructor: