**Faculty of Medicine, Health and Life Sciences**

**Ethics Application**

**Screening Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | Do you have ethical approval for the study from another recognised Ethics Committee?*If* ***yes,*** *you should complete the form, Confirmation of Existing Ethical Approval.* | [ ]  | [ ]  |
|  | Are the proposed participants under the jurisdiction of the prison service? *If* ***yes****, you will need to apply to the relevant prison ethics committee to obtain ethical approval. You will also need to apply for Faculty REC Approval by completing the Full Ethical Approval Form.* | [ ]  | [ ]  |
|  | Are the proposed participants to be service users / patients (or family members of service users / patients) recruited from NHS organisations, including hospitals, social care homes, residential care homes, nursing homes? *If* ***yes****, you will need to apply to the relevant NHS Research Ethics Committee to obtain ethical approval*.*Please note research with NHS/Trust Staff requires NHS/Trust R&D Governance approval as well as QUB REC Approval* | [ ]  | [ ]  |
|  | Does this study involve animals? *If* ***yes*** *and the procedures are covered by the Animal (Scientific Procedures Act)1986,an application should be submitted to AWERB**If* ***yes*** *and the procedures are not covered the Animal (Scientific Procedures Act)1986, please complete the form, Animal Welfare Ethical Approval Form. This should be requested by emailing the Research Ethics Officer, at* *facultyrecmhls@qub.ac.uk* | [ ]  | [ ]  |

**Prior to completion of this application please ensure that you have**

*i. Finalised the protocol*

*ii. Undertaken peer review in accordance with School and University procedures*

*iii. Completed any relevant Health and Safety, and/or Risk Assessment procedures*

Please indicate the type of project:

Staff: [ ]  Undergraduate (UG): [ ]  Postgraduate Taught (PGT): [ ]

Postgraduate Research (PGR): [ ]

Chief Investigator (This must be a member of QUB staff. For student projects, the Supervisor should be named as the Chief Investigator.)

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Staff Number | Click here to enter text. |
| School | Click here to enter text. |
| Email Address | Click here to enter text. |

QUB Co-investigators or Students involved

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Staff/Student number | School | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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Non-QUB co-investigators

|  |  |  |
| --- | --- | --- |
| Name | Institution/Company | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| --- | --- |
| Full Title of Research | Click here to enter text. |
| Abbreviated Running Title | Click here to enter text. |
| Proposed Start Date | Click here to enter a date. |
| End Date | Click here to enter a date. |

**Faculty of Medicine, Health and Life Sciences**

**Animal Welfare**

|  |  |
| --- | --- |
|  | What animals will be used in the study?*Provide information on species, source and number* |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Who will give permission to study the animals? |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | How and what will the owners be told about the research?*(a copy of the Information Sheet must be attached to this application)* |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | How will the owners provide consent?*(a copy of the Consent Form (if applicable) must be attached to this application)* |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Will the animal’s normal environment or diet be altered in any way?*If yes say why and how any adverse effects will be minimised.* | **Yes**[ ]  | **No**[ ]  |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Where will the study take place? |
| Click here to enter text. |

**Data security and participant confidentiality**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Will data be anonymised such that individual responses cannot be identified? *If yes, describe how you will do this* | **Yes**[ ]  | **No**[ ]  |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | If data is not anonymised describe what steps will be taken to preserve the confidentiality of the data. |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Where will all forms of the data be stored? |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Who will have access to the data? |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Where will Consent Forms be stored? |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Will individually identifiable information be given to third parties or available through publications, etc? *If yes, state why this is necessary and demonstrate that participants are made aware of this.* | **Yes**[ ]  | **No**[ ]  |
| Click here to enter text. |

**To be confirmed by Chief Investigator / Supervisor:**

|  |
| --- |
| I confirm that the protocol has been peer reviewed in accordance with School and University procedures and is deemed to be viable and scientifically valid*A copy of the Peer Review(s) should be submitted with the application* |[ ]
| I confirm that the relevant risk assessment and health and safety protocols in relation to this research have been undertaken and appropriate safeguards in place to manage any risks.  |[ ]
| I believe that the research does not raise significant ethical issues. |[ ]
|  |  |
| **By submitting this application all applicants confirm :** |  |
| I will preserve the confidentiality of all information provided by participants in this research.  |[ ]
| I will abide by the procedures established by the University, relevant professional bodies and other organisations in conducting this research. |[ ]
| I will conduct the research in accordance with the protocol supplied. |[ ]
| I have consulted the appropriate Codes of Practice for my professional body. |[ ]

Signature of Chief Investigator/Supervisor:

(Electronic signature acceptable)

QUB Staff Number of Chief Investigator/Supervisor:

Date of Submission:

This application form and the material indicated below should be submitted by email to:

facultyrecmhls@qub.ac.uk

Forms to be submitted (Please ensure all submissions begin with the SURNAME of the CI or Supervisor):

* Animal Welfare Ethical Approval form
* Copy of Peer Review(s)
* Research Protocol
* Participant Information Sheet(s)
* Participant Consent Form(s)
* Any relevant permissions, e.g. to access participants
* Any unpublished questionnaires or interview schedules
* Any other information (list below)

Please ensure that all study documents are marked with a version number and date.

If you require any information in respect of the above application, please contact the University Research Ethics Officer, facultyrecmhls@qub.ac.uk, tel 2529.