**FACULTY OF HEALTH SCIENCES**

**RESEARCH Ethics application FORM**

**LEVEL 3**

**This application is for ethical approval only. Researchers must ensure that they comply with other relevant regulations, including DATA PROTECTION and HEALTH AND SAFETY.**

|  |  |
| --- | --- |
| Criteria for research ethics committees | <http://www.healthsciences.tcd.ie/assets/ethics/criteria-for-research-ethics-committees.pdf> |
| Data protection in TCD | https://www.tcd.ie/info\_compliance/data-protection |

The Faculty Ethics Committee does not process applications for approval of projects that assess the effect of a drug or therapeutic substance. Approval for such studies must be sought through the HPRA and ethics clearance should be obtained from the JREC.

If your proposal has been approved by the ST JAMES’S HOSPITAL AND FEDERATED DUBLIN VOLUNTARY HOSPITALS JOINT RESEARCH ETHICS COMMITTEE (JREC), since this body includes representation from Trinity College, there is no requirement to seek approval from the Faculty Ethics Committee.

* Incomplete or late applications will not be processed.
* Forms without the following signatures will not be processed: Applicant(s) signature, Research Supervisor signature (applicable in student application), all researchers named on the form.
* Forms without the checklist completed will not be processed. (Please see checklist on next page).
* Email your application in full to [ethicscommittee@tcd.ie](mailto:ethicscommittee@tcd.ie).
* We do not require a hard copy.
* Application’s coming to a Level 3, must do a Data Protection Risk Assessment (DPRA)**.**

Link to DPRA below

<https://www.tcd.ie/dataprotection/assets/docs/research/2022_TCD_DPRA_Research_Template.docx>

Email address: [evelyn.fox@tcd.ie](mailto:evelyn.fox@tcd.ie).

**RESEARCH APPLICATION CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Please tick the appropriate box** | **Yes** | **No** |
| Are you undertaking the proposed research study in your capacity as a student or staff member of the Faculty of Health Sciences? |  |  |
| If you are a student, has your supervisor read and approved the completed form? |  |  |
| Have you checked that your application meets the criteria for the FHS REC? |  |  |
| Does your study comply with data protection legislation? ( i.e. will the PIL and Consent form ensure that the participant is giving explicit consent in compliance with the Health Research Regulations?).Please see checklist available [here](https://www.tcd.ie/info_compliance/data-protection/assets/docs/TCD_Consent%20Form_Template.docx) |  |  |
| Have you completed the TCD GDPR online course? |  |  |

**Data Protection Checklist for Health Research**

If your project relates to health research, then you must comply with the requirements of the Health Research Regulations 2018, you must carry out the following:

|  |  |
| --- | --- |
| **Please mark with an X to indicate the steps have been completed.** | |
| 1. Identify and document the data controllers and data processors. |  |
| 1. Ensure relevant contractual arrangements are in place. |  |
| 1. Identify and document funding bodies of any kind including commercial entities |  |
| 1. Identify third parties with whom data will be shared even if pseudonymised. |  |
| 1. Ensure all members of the research team who will access personal data have completed data protection training. |  |
| 1. Carry out a DPIA if the research is a high risk to individuals or participants are categorized as vulnerable participants or involves the use of genetic data, monitoring of behaviours, large scale processing of sensitive data, use of the data for new purposes or the linking of several datasets. |  |
| 1. Ensure you only use the minimum data necessary to carry out the research. |  |
| 1. Implement controls to ensure the integrity and accuracy of data and determine when the data has been altered, disclosed or erased and by whom. |  |
| 1. Implement security measures to protect the personal data e.g. device encryption. |  |
| 1. Ensure the data is archived, anonymized or destroyed when the research is completed. |  |
| 1. Ensure that participants are provided with sufficient information about the use of their personal data via participant information leaflets |  |
| 1. Obtain explicit consent for the processing of personal data for the health research including the screening of individuals for research purposes. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **If appropriate to the study you must attach the following as appendices to the end of the application:** | **YES** | **NO** | **N/A** |
| Information posters or flyers |  |  |  |
| Letter to prospective participants |  |  |  |
| Participant Information Leaflet (PIL) |  |  |  |
| Explicit Consent form |  |  |  |
| Letter seeking access to a site or research participants outside of your home Department or School, addressed to the person who is responsible for the welfare of your participants |  |  |  |
| Ethical approvals from any other Research Ethics Committees |  |  |  |
| Data collection tools (Questionnaire / interview schedule / observation schedule/other) |  |  |  |

**If you have answered NO to any of the above questions, please explain:**

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|  |  |  |
| --- | --- | --- |
| Applicant Name |  | |
| Applicant Email |  | |
|  |  | |
| Are you a TCD staff member? | YES / NO ID No: | |
| Are you a TCD student? | YES / NO ID No: | |
| What School/Department are you affiliated to? |  | |
| Supervisor Name |  | |
| Supervisor Email |  | |
| Working title of proposed study |  | |
| Please identify which of the following applies: | Undergraduate project |  |
| Element of a taught postgraduate course |  |
| Full time postgraduate research project |  |
| Staff research project |  |

RESEARCH APPLICATION SECTIONS

Section 1: Applicants Details

Section 2: Details of Research Study and Participant Selection

Section 3: Consent and Confidentiality (incl. Data protection)

Section 4: Risk, Benefit and Harm

Section 5: Funding and Payment

Section 6: Ethical Approval from Other Committees and non-TCD facilities

Section 7: Declaration of Approval and Signatures

**SECTION 1 – APPLICANTS’ DETAILS**

**1.1 Name, qualification and position of each person associated with this research project.**

List details of all personnel involved with the research (excluding participants)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ROLE** | **Title/First name/Surname** | **Work Address** | **Email address** | **Tel No**  **Work / Mobile** | **Primary Employer** | **Current Occupation** |
| **INVESTIGATOR** |  |  |  |  |  |  |
| **SUPERVISOR**  **(If investigator is a student)** |  |  |  |  |  |  |
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SECTION 2 – DETAILS OF RESEARCH STUDY & PARTICIPANT SELECTION

2.1 Working title of proposed study

2.2 Dates & duration of Study

Proposed Start Date: Proposed End Date:

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| --- |
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2.3. What are the primary location(s) for data collection? Specify exact address of

classroom, participant’s home, hospital/clinic, laboratory, place of convenience, etc.

2.4 State research aim(s) and objective(s), research question or hypothesis, as

appropriate.

2.5 Provide brief outline of the project (maximum 400 words).

Include background, research approach, design, data collection methods, sampling, indicate the method of sampling you intend to use and the sample size.

2.6 Describe exactly how participants will be recruited. Include what steps you will take

to access the sample, specifying details of people who will be contacted, how

they will be contacted, during this process.

2.7 Who is the gatekeeper(s) for this study (if applicable)? What is the relationship, if

any, between the gatekeeper and the prospective participants?

2.8 List your exclusion/inclusion criteria for participants’ selection:

|  |
| --- |
| Inclusion criteria:  Exclusion criteria: |

SECTION 3a – CONSENT

3a.1 How will you ensure explicit consent is obtained from the research participants?

Give details of who will take consent and how it will be done. Please attach a copy of invitation letter, consent form and participant information leaflet.

*Explicit consent: informed consent that is documented, (you must maintain evidence that it has been recorded).*

*See guidelines on how to prepare these documents:* [*https://www.tcd.ie/info\_compliance/data-protection/health-research/*](https://www.tcd.ie/info_compliance/data-protection/health-research/) *and adapt examples accordingly to suit your study and participants. Please note that explicit consent (freely given, specific, informed and unambiguous) is now mandatory under the General Data Protection Guidelines (GRPR) and the Health Research Regulations ( Data Protection Law) unless data are irreversibly anonymized ( no key held ) or a consent declaration has been obtained from the health research consent declaration committee ( HRCDC) See* [*here*](https://hrcdc.ie/apply/) *for further information*

**N. B. Please indicate if you have modified the consent form and/or the participant information leaflet included in the link above?**

Yes No

If **yes** please highlight the changes made and why these were necessary.

|  |
| --- |
| *If template is changed substantially - this will need to be reviewed by Deputy DPO for Research: email:* [*researchDPO@tcd.ie*](mailto:researchDPO@tcd.ie) |

3a.2 What is the time interval between giving information and seeking consent?

During this time prospective participants should receive a letter of invitation, PIL and Consent Form to consider. It is recommended that a period of seven days be provided for reflection. If less than this, please justify.

# 3 a.3 Data Subject Rights

Describe here how participants will be informed of what data will be collected (and why) and how they can exercise their rights? These include:

* right of access;
* right to rectification;
* right to erasure;
* right to object to processing based on legitimate or public interest;
* right to data portability;
* right to object to profiling or making decisions about individuals by automated means?

What measures will be put in place to ensure compliance with this obligation? How will you deal with any data subjects rights? Do you have a procedure in place if a data subject wishes to withdraw from the study for example?

3a.4 Will the participants be from any of the following groups (tick as appropriate)

|  |  |  |
| --- | --- | --- |
|  | **INVOLVEMENT** | |
|  | **YES** | **NO** |
| Children under 18 years of age |  |  |
| Adults with learning disabilities |  |  |
| Adults with communication difficulties |  |  |
| Adults who are unconscious or very severely ill |  |  |
| Adults who have a terminal illness |  |  |
| Adults with mental illness |  |  |
| Adults suffering from dementia |  |  |
| Prisoners |  |  |
| Young Offenders |  |  |
| Those who could have been considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, students |  |  |
| Other groups who may be considered vulnerable (Please specify below) |  |  |
|  |  |  |

3a.5 If participants are to be recruited from any of the potentially vulnerable groups

listed above, please contact [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie) to complete a [DPIA](https://www.tcd.ie/info_compliance/data-protection/assets/docs/TCD_DPIA_Research_Template_V.02.docx) and give details of:

(a) The extra steps taken to ensure that participants from any of these vulnerable groups are as fully informed as possible about the nature of their involvement

(b) Who will give consent

(c) How consent will be obtained (e.g. will it be verbal, written or visually indicated?)

(d) When consent will be obtained

(e) The arrangements that have been made to inform those responsible for the care of the research participants of their involvement in research

3a.6 Will participants include women of childbearing potential?

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **IF NO, PLEASE EXPLAIN WHY**  **NOTE: This information is required regardless of whether there are potential implications for the well-being of participants** |
|  |  |  |

3a.7 If women of childbearing potential are to be involved, do the study design and the

Participant Information Leaflet address the 9 essential points listed in the

accompanying checklist (Appendix 3)?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **N/A** | **IF NO, PLEASE EXPLAIN WHY**  **NOTE: This information is required regardless of whether there are potential implications for the well-being of participants** |
|  |  |  |  |

**SECTION 3b CONFIDENTIALITY, DATA PROTECTION, DATA PROCESSING AND DATA STORAGE**

3b.1 Does the study involve collecting, using, accessing or sharing personal data?

Yes No

If yes please give details of the personal data[[1]](#footnote-2) (participant identities, contact details, consent forms, code keys that link personal data to other data)

Please specify details for all that apply and likewise for all media forms utilised (online, hard copy, audio etc.). Under the Data Protection Law the collection of personal data is to be kept to a minimum. Please indicate how the personal data being collected relate to the aims and objectives of the study.

|  |  |  |
| --- | --- | --- |
| **Data Collected** | **Justification** | **Processing Activity** |
| *EXAMPLE: Participant names* | *Identification, so that we can apply matching codes across data sets.* | *Excel database, situated in ‘X’ Drive on ‘X’ desktop computer at ‘X’ site.* |
| *EXAMPLE: Written consent* | *Legal basis for processing.* | *Paper forms, stored in locked filing cabinet at ‘X’ site. Access restricted to [detail] only.* |
| *EXAMPLE : code keys* |  |  |

3b.2 Does the study involve collecting, using, accessing, or sharing sensitive data[[2]](#footnote-3)?

Yes No

If yes please give details of the sensitive data collected.   Please indicate how collecting such data is relevant to the aims and objectives of the study

|  |  |  |
| --- | --- | --- |
| **Data Collected** | **Justification** | **Processing Activity** |
| *See questionnaire appendix xxx question 12-17* |  |  |

3b.3 Who will control i.e. determine the purpose and way in which the personal and sensitive data is used and be responsible for this use? (i.e. data controller or data controllers) (this will most likely be an institution).

*Employees and students of TCD are not data controllers. TCD is the data controller for the institution* *(Insert this here). However if other institutes are involved, they should be noted as controllers here.*

3b.4 Specify the name/s of any personnel who will have access to the personal and sensitive data? Please identify the affinities and roles of those individuals who are not employees or students of Trinity or their affiliated hospitals or institutes. For other personnel such as data inputters and transcribers see 3b.5 ( Insert multiple lines for more individuals)

|  |  |  |
| --- | --- | --- |
| **Personnel names** | **Data access to** | **Format available to these** |
| *EXAMPLE: member of research team TCD affiliated name* |  |  |
| *EXAMPLE: member of research team non TCD affiliated name* |  |  |

**3b.5** **Specify the name/s of any service providers such as transcribers, third party’s carrying out analysis, data collection etc.? Indicate below the format in which they will receive the data i.e. original, anonymised, non-anonymised or pseudonymised. Please confirm and attach the agreement that is in place with the service provider**

|  |  |  |
| --- | --- | --- |
| **Personnel names** | **Data access to** | **Format available to these** |
| *EXAMPLE: transcribers names* | *EXAMPLE: Participant names* | *original, anonymised, non-anonymised or pseudonymised.* |
| *EXAMPLE: statisticians name* | *EXAMPLE: Written consent* |  |
| *EXAMPLE: data collector name ( hired personnel or companies that are not members of the research team* | *EXAMPLE: participant names and contract details , written consent* |  |

3b.6 During and after the study, what steps will you take to protect the confidentiality of personal or sensitive personal data collected as part of the project? (e.g. Participant identities, contact details, consent forms, code keys that link personal or sensitive personal data to other data, data collected from patient/client records). Please specify details for all that apply and likewise for all media forms utilised (online, hard copy, audio etc.)

Please note: Double encryption is required on all computers, laptops and mobiles devices. Personal data should not be stored on portable devices unless absolutely necessary and it should be stated here if this is necessary and why. Cloud storage of personal data require secure clouds as recommended by TCD and if cloud storage is used it should be indicated here.

|  |  |  |
| --- | --- | --- |
| **Personal/sensitive date type and media format** | **Format** | **Comments on protection details** |
| *EXAMPLE: contract details, telephone* | *original, anonymised, non-anonymised or pseudonymised.* |  |
| *EXAMPLE: consent* | *Original Hard copy* | *Stored in locked cabinet with access solely by x* |
| *EXAMPLE: sensitive data* | *Original Hard copy* |  |
|  |  |  |

3b.7 Please specify that you have a log and controls in place to record who accesses, changes, discloses or erases all personal data collected.

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3b.8 The provision of training in data protection for anyone carrying out health research is mandatory. All researchers and students are expected to have completed the GDPR and Health Research Training to enable them to have permission to assess personals and sensitive data. Please provide details of the training undertaken those named in 3b.4.

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Please note: Double encryption is required on all computers, laptops and mobiles devices. Personal data should not be stored on portable devices unless absolutely necessary and it should be stated here if this is necessary and why. Cloud storage of personal data require secure clouds as recommended by TCD and if cloud storage is used it should be indicated here.

**3b.9 Indicate clearly when processing (i.e. pseudoanonymisation, anonymization, deletion) will occur and where.** Please indicate who will be responsible for these processes and who will retain the key code if applicable.

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**3b.10 Are there any potential confidentiality issues through identification of the study site?**

Yes No

*If yes, please expand.*

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3b.11 Accepted best practice recommends secure retention of personal non-anonymised (of all the types listed previously) for 7 years. If there is any reason to apply for a variation from these guidelines, please give details and provide a justification.

*Consent forms must be kept for 7 years**, in the case of students these must therefore be retained by the supervisor. The Participant Information Leaflet must include information regarding the anonymization and destruction of personal and sensitive data and the implications of this i.e. once anonymised cannot be withdrawn.*

|  |  |  |
| --- | --- | --- |
| **Personal/sensitive data type and media format** | **Format** | **Retention time, when it will be destroyed** |
| *EXAMPLE: contract details, telephone* | *Original, anonymised, non-anonymised or pseudonymised.* |  |
| *EXAMPLE: consent* |  |  |
| *EXAMPLE: audio recordings* |  |  |

**3b.12 If identifiable or pseudoanonymised data or material (photographs etc.) will be retained after the study is completed, is it stated on the informed consent form that this will be done and that material will not be used in future unrelated studies without further specific permission being obtained?**

Yes No

3b.13 Researchers must allow the participant access to their data and transcript, if they so wish. Please give details of these arrangements also in the PIL.

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3b.14 Are there elements of genetic testing involved in the proposed project? If yes please explain. If yes, please note that you must contact [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie) and conduct a DPIA .

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4 - RISK, BENEFIT AND HARM

**4.1** **Are there ethical issues or problems which may arise with the proposed study and what steps will be taken to address these?**

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4.2 What is the potential for an adverse outcome (for example, illness, pain,

discomfort, distress, inconvenience) for research participants? NOTE: for the

protection of both the investigator and the participant, this list must be

suitably comprehensive and must also appear in full in the participant information

leaflet.

\*\* Please note that any substantive adverse events *must* be reported to the Faculty Research Ethics Committee via [ethicscommittee@tcd.ie](mailto:carol.balfe@tcd.ie).

4.3 Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting. If yes, please provide specific detailed procedures in place to deal with these issues and who will be informed if disclosures occur.

If Yes, give details of procedures in place to deal with these issues. Give specific

names of counselling or other support services that might be offered to

participants.

4.4 Is it possible that criminal or other disclosures requiring action could take place during the study

**If yes, please provide specific detailed procedures in place to deal with these issues and who will be informed if disclosures occur. This information needed to be also included in the participant information leaflet.**

4.5 If participants are to undergo a clinical assessment, what is the nature and extent of this assessment?

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4.6 If applicable will there be ongoing clinical supervision of the participants by a duly insured clinical practitioner during the study?

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4.7 Will the research participant’s General Practitioner be informed that they are taking part in the study?

|  |  |  |
| --- | --- | --- |
| YES | NO | NOT APPLICABLE |
|  |  |  |

4.8 Will permission be sought from the research participants to disclose information

(for example, information about adverse outcomes) to their GP?

|  |  |  |
| --- | --- | --- |
| YES | NO | NOT APPLICABLE |
|  |  |  |

4.9 What is the potential for benefit for research participants? Please outline only the direct benefits

SECTION 5 - FUNDING & PAYMENT

5.1 Outline sources of funding for the study if applicable and how you will manage

possible conflict between the funders of the study and the aims and results of the study (if applicable).

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* 1. **Will the results of the study will be used or disclosed for commercial purposes? If yes please also indicate in the participant information leaflet and indicate that the participant will not commercially benefit. In the case of commercial based research you m** must contact [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie)

**Yes No**

|  |
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|  |

5.3 Will payment be made to research participants?

|  |  |  |
| --- | --- | --- |
| YES | NONE OTHER THAN MINIMAL EXPENSES TO COVER TRAVEL COSTS ETC | NO |
|  |  |  |

5.4 If you answered YES to question 5.3, please specify for what purpose the payment will be made and the amount to be provided to each participant.

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SECTION 6 – ETHICAL APPROVAL FROM OTHER COMMITTEES,

PERMISSION FROM NON-TCD FACILITIES

Ethical approval from the Faculty Research Ethics Committee, if granted, does not supersede any requirements that outside bodies may have that similar applications be made to local ethical approval bodies in advance of the study commencing.

6.1 Has ethical approval been sought from any other organisation(s) in which the study will take place?

|  |  |  |
| --- | --- | --- |
| YES |  | If you answer YES go to question 6.2 |
| NO |  | If you answer NO go to question 6.3 |
| N/A |  | **If N/A please explain why below.** |

6.2 If you have answered YES to question 6.1, where has approval been sought from and has ethical approval been given? If a DPIA was required for this application please insert as an appendix to this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **Awaiting Reply** | **NO** | ***If No, please explain Why*** |
|  |  |  |  |

6.3 If you have answered NO to question 6.1, is it your intention to seek ethical approval from the organisation(s) in which the study will take place?

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | ***If No, please explain Why*** |
|  |  |  |

6.4 If you have you sought permission from any other site(s) outside of your TCD Department to conduct your research please list them here and attach the letter(s) of permission to your application. This includes sports clubs, hospitals, care facilities, community services, etc.

|  |  |
| --- | --- |
| Name of facility | Responsible person |
|  |  |
|  |  |

SECTION 7 - DECLARATION OF APPROVAL AND SIGNATURES

LEAD INVESTIGATOR

The lead investigator must provide all data below and sign:

7.1 If applicable please state briefly what preparatory work you will need to undertake to become competent in your chosen method of data collection (e.g. training in the use of a standardised schedule/test, clinical procedures, or practice in conducting an interview).

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LEAD INVESTIGATOR DECLARATION:

7.2 I confirm that the information provided in this protocol is correct and that I am not aware of any other ethical issue not addressed within this form. I understand the obligations to and the rights of participants particularly concerning their safety and welfare. I understand the obligation to provide information sufficient to give informed consent, the obligation to respect confidentiality and all the obligations as set out in the Declaration of Helsinki (appendix attached) and/or other relevant guidelines [please refer to your Head of Department/School] governing the conduct of research involving human participants.

I undertake to provide an annual report within 12 months of the date of approval to the Faculty Research Ethics Group with details of the number of participants who have been recruited, the number who have completed the study and details of any adverse effects. Any serious adverse effects will be reported immediately to the Faculty Research Ethics Group, and, if involving medication this will also be reported to the Health Products Regulatory Authority (HPRA).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: (BLOCK CAPITALS) | |  | | |
| STAFF / STUDENT I.D. No. | |  | | |
| SCHOOL / DEPARTMENT: | |  | | |
| COURSE OF STUDY: (if appropriate) |  | | YEAR |  |
| SIGNATURE: |  | | DATE: |  |

PLEASE NOTE THAT IF THERE IS MORE THEN ONE APPLICANT, ALL APPLICANTS MUST SIGN THE APPLICATION FORM.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:  (BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY:  (if appropriate) |  | YEAR |  |
| SIGNATURE: |  | DATE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:  (BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY:  (if appropriate) |  | YEAR |  |
| SIGNATURE: |  | DATE: |  |

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| --- | --- | --- | --- |
| NAME:  (BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY:  (if appropriate) |  | YEAR |  |
| SIGNATURE: |  | DATE: |  |

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| --- |
| RESEARCH SUPERVISOR  Student applicants are required to have their Research Supervisor complete this section.  Name of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (BLOCK CAPITALS)  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State the educational value of this research:  As the student’s supervisor, I accept responsibility for the ethical conduct of this project:  Signature of the Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Office Use Only:

|  |  |
| --- | --- |
| Reference Number |  |
| Faculty Research Ethics Committee Meeting Date |  |
| Approved |  |
| To be resubmitted |  |
| Date |  |

1. Personal data is information which can identify a person – in particular: a name, address, email, telephone number,  an identification number, location data, an online identifier, or and IP address. [↑](#footnote-ref-2)
2. Sensitive personal data means genetic, biometric and health data, as well as personal data revealing racial and ethnic origin, political opinions, religious or ideological convictions or trade union membership. [↑](#footnote-ref-3)