**Trinity College Dublin**

**School of Linguistic, Speech and Communication Sciences**

**Research Ethics Committee**

**End of Project Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **applicant NAME:** |  | | |
| applicant email: |  | | |
| **Student number:** | (if applicable) | | |
| **supervisor NAME:** | (if applicable) | | |
| project title: |  | | |
| **DATE OF APPROVAL BY REC:** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Please respond to the following questions:** | **YES** | **NO** |
| 1. Were there any modifications to the procedures and process for which approval was granted? If so, please provide details in the space below. | □ | □ |
| 1. Were there any unexpected or adverse outcomes associated with the conduct of the research? If so, please provide details in the space below. | □ | □ |
| 1. Is all data being stored in accordance with the university’s data storage policy, in adherence with the Freedom of Information Act, and in compliance with the requirements of the Data Protection Commissioner? | □ | □ |
| 1. Will all data be kept for at least 5 years in accordance with the School’s data storage policy? | □ | □ |
| *Please provide details regarding any modifications or unexpected/adverse outcomes below. You may also provide any additional information that you or your supervisor wish to bring to the attention of the SLSCS Research Ethics Committee regarding the research project.* | | |

**Applicant signature:**

**Supervisor signature** (if applicable):