Royal Holloway Ethics Approval Form

Please complete all parts of the form and the checklist. Please append consent form(s) and information sheets and any other materials in support of your application. If relevant, please also append the appropriate department-specific annex.

All applicants should refer to the Royal Holloway, University of London Research Ethics Guidelines document.

Check one box:
☐ STAFF Project ☐ POSTGRADUATE Project ☐ UNDERGRADUATE Project

Start date __________ Duration_________ Funding Agency___________________
Title of project : ___________________________________________________________
Name of Researcher(s) : _____________________________________________________
Name of Supervisor (Student Project) : ________________________  Date: ___________
Contact e-mail address : _____________________________________________________

Does your project involved NHS patients, staff and facilities? Yes ☐ No ☐

If your project only involves NHS patients, staff and facilities, you do not need to complete the rest of this form. Please send the above information, along with a copy of your initial NHS ethics application to your departmental ethics coordinator and the college ethics committee secretary. Please provide any interim communication about amendments required. Final approval by the college can only be provided once evidence of NHS approval has been provided. The researcher should provide an electronic version of the final approved NHS application, with all its attachments and a photocopy/scanned copy of the final letter of approval from the NHS ethics committee.
## Section 1

<table>
<thead>
<tr>
<th></th>
<th>Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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<tr>
<td>2</td>
<td>Will you tell participants that their participation is voluntary?</td>
<td></td>
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<td>3</td>
<td>Will you obtain written consent for participation?</td>
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<td>4</td>
<td>Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?</td>
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<tr>
<td>5</td>
<td>If the research is observational, will you ask participants for their consent to being observed?</td>
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<td>6</td>
<td>Will you tell participants that they may withdraw from the research at any time and for any reason?</td>
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<td>7</td>
<td>With questionnaires, will you give participants the option of omitting questions they do not want to answer?</td>
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<td>8</td>
<td>Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?</td>
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<tr>
<td>9</td>
<td>Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?</td>
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</tbody>
</table>

If you have ticked ‘NO’ to any of Q1 – 9, please give an explanation in the box below (expand as necessary):

\[\text{Blank Box}\]
## Section 2

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Will subjects/participants be paid?</td>
<td></td>
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<tr>
<td>11 Is electrical or other equipment to be used with subjects/participants?</td>
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<tr>
<td>12 Are there any financial or other interests to the researcher(s) or department arising from this study?</td>
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<td>13 Will your project involve deliberately misleading subjects/participants in any way?</td>
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<tr>
<td>14 Is there any realistic risk of any <em>subjects/participants</em> experiencing either physical or psychological distress or discomfort? If yes, describe any measures to avoid/minimise harm to subjects in the box below.</td>
<td></td>
<td></td>
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<tr>
<td>15 Is there any realistic risk of <em>researchers</em> experiencing either physical or psychological distress or discomfort?</td>
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<td>16 Will the project require approval by any ethics committee outside Royal Holloway (eg NHS NRES committee)?</td>
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<tr>
<td>17 Do subjects/participants fall into any of the following special groups? (see attached guidelines)</td>
<td>a) Children (under 16)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>b) Those aged 16-18</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>b) People with learning or communication difficulties</td>
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<td></td>
<td>c) Patients</td>
<td></td>
<td></td>
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<td></td>
<td>d) People in custody</td>
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<td></td>
<td>e) People engaged in illegal activities. (e.g. drug taking)</td>
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</tbody>
</table>

If you answered ‘yes’ to any of questions 10-17, please provide full details in the box below (expand as necessary).
Section 3
Please provide a description of the project using the following headings Expand this section as necessary

1. Title of Project:

2. Purpose of Project

3. Methods and measurements to be used (widely used questionnaires need not be appended, but previously unpublished questionnaires should be submitted for approval). Please provide a full list.

4. Participants: recruitment methods, number, age, gender, exclusion/inclusion criteria

5. Consent and participant information arrangements (see checklist below). Include description of procedure for obtaining second consent where deception was involved (see guidelines).

6. Nature of data to be collected (including a description of any sensitive data)

7. Possible benefits to subjects/participants of taking part in this research

8. Description of procedure for obtaining parental consent for research involving participants aged under 16 (or 18, if relevant). An opt-out only method will require a strong justification (see attached guidance).

9. Data security and destruction and data protection procedures.
Section 4: Applicant’s Statement

I am familiar with the RHUL and other appropriate subject-specific guidelines and have discussed them with the other researchers involved in the project. I undertake to inform the Committee of any changes to the protocol or the staffing of this project.

Applicant(s)

UG or PG Researcher(s) or research staff. If applicable:

Signed: .................................. Print Name: ..................................Date: ............

Signed: .................................. Print Name: ..................................Date: ............

Signed: .................................. Print Name: ..................................Date: ............

Signed: .................................. Print Name: ..................................Date: ............

Lead Researcher or Supervisor:

Signed: .................................. Print Name: ..................................Date: ............

Head of Department (or designate) statement of support (if project is to be forwarded to the College Ethics Committee)
Section 5: STATEMENT OF ETHICAL APPROVAL

Applicant:………………………………………………………………………………………………………………

Department:………………………………………………………………………………………………………………

Title of project:………………………………………………………………………………………………………………

Start Date:………………………………………………………………………………………………………………

Please complete the appropriate section below:

1. This project has been considered and has been approved by the Department of………….. for ……….. months.

Signed: ……………………………………  Print Name: ………………..………………………
Date: ………..……
(Chair, Departmental Ethics Committee)

2. This project has been considered by the Royal Holloway, University of London Research Ethics Committee and is now approved for …........... months.

Signed: ……………………………………  Print Name: ………………..………………………
Date: ………..……
(Chair, RHUL Ethics Committee)

3. This project has been approved by Chair’s action and is authorised for …........... months.

Signed: ……………………………………  Print Name: ………………..………………………
Date: ………..……
(Chair, RHUL Ethics Committee)
Appendix I: References and Additional Resources

- **Procedures for Data Protection**: [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk)
- **NHS Integrated Research Approval System (IRAS)**: [https://www.myresearchproject.org.uk/](https://www.myresearchproject.org.uk/)
- **ESRC Research Ethics Framework**: [http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/Images/ESRC_Re_Ethics_Frame_tcm6-11291.pdf](http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/Images/ESRC_Re_Ethics_Frame_tcm6-11291.pdf)
- **Criminal Records Bureau**: [www.crb.gov.uk](http://www.crb.gov.uk)
- **Economic and Social Data Service Guidance on informed consent**: [http://www.esds.ac.uk/aandp/create/consent.asp#Written](http://www.esds.ac.uk/aandp/create/consent.asp#Written)
## Appendix II: Checklist for Information Sheet and Consent Form

### 1) IN THE INFORMATION SHEET

[Department], Royal Holloway, University of London

Name of study (understandable to lay person)

Include your own name (with contact details) and supervisor’s name (if applicable)

Use lay terminology to explain study - aims (why doing it) and what will happen if decide to take part.

Where study is taking place

Participation is entirely voluntary

Participation is anonymous and confidential (only seen by myself and supervisor (for student researchers only)) (NB only include that it will not be shown to teachers and carers where applicable - often not relevant)

Can decide not to answer any question if you prefer not to

Can withdraw at any time without giving a reason (and without affecting education or care if applicable)

Your signed consent form will be stored separately from the responses you provide

If you decide not to participate, it will not affect your education or care (only if applicable should you mention this)

NB: You may retain this information sheet for reference and contact us with any queries.

### 2) CONSENT FORM

(Please note that researcher can use tick box, initial box or delete YES/NO format, but whichever you use, there must be a mark in response to each of the ‘please indicate’ items):

Name of study and researcher

Please indicate
- I have read the information sheet about this study (YES/NO)
- I have had the opportunity to ask questions (YES/NO)
- I have received satisfactory answers to any questions(YES/NO)
- I understand that I am free to withdraw from the study at any time, without giving a reason (YES/NO)
- I agree to participate in this study. (YES/NO)

Signed……………………….
Name ………………………..
Date …………………………

NB: This Consent form will be stored separately from the responses you provide.

Please note: There should be no data collected on the consent form as this will be stored separately from data.