**UNIVERSITY OF CAMBRIDGE**

**SCHOOL OF THE HUMANITIES AND SOCIAL SCIENCES**

**Application for ethical approval of a research project**

**To be completed by the applicant**

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| **REFERRAL** *Prior to applying to the School Research Ethics Committee, your project must have already been submitted to your Department/Faculty Ethics Committee. If they recommend that your project is referred to the School REC, your Department/Faculty Administrator will then forward this form to HSS REC.**Please do not complete or submit this form unless your Department/Faculty Ethics Committee or Department Administrator has asked you to do so.[[1]](#footnote-1)* |

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| **1. Title of the study** |
| Click here to enter text. |
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| **2. Primary applicant**  |
| *Notes: The primary applicant is the name of the person who has overall responsibility for the study. For student projects, this will be the main supervisor* |
| **Primary applicant name:** | Click here to enter text. |
| **Student name (if applicable):** | Click here to enter text. |
| **Student type (please check box)** | Undergraduate [ ]  |
| Postgraduate Masters [ ]  |
|  | Postgraduate Doctoral [ ]  |
|  |  |
| **Department affiliation:** | Click here to enter text. |
| *Notes: If you don’t have a departmental affiliation, please email* *cshssethics@admin.cam.ac.uk* *in the first instance, to receive guidance on how to proceed.* |
| **Contact email address:** | Click here to enter text. |
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| **3. Co-applicants**  |
| *Notes: List the names of all researchers involved in the study. Include their departmental affiliations, appointment or position held and their qualifications. Please expand the form as necessary to complete this section.* |
| Click here to enter text. |
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| **4. Departmental Administrator** *All applications must be referred to HSS REC via the Departmental Administrator.* |
| **Name:** | Click here to enter text. |
| **Contact email address:** | Click here to enter text. |
| **5. Funding Body**  |
| *Notes: If you are receiving external funding for your research, please add your Funding Body’s name, a contact name and a contact email address.* |
| **Name of Funding Body:** | Click here to enter text. |
| **Contact Name:** | Click here to enter text. |
| **Contact email address:** | Click here to enter text. |
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| **6. Start and end dates of the study** |
| **Research start date:** | Click here to enter a date. |
| **Research end date:** | Click here to enter a date. |
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| **7. Date of Application:** | Click here to enter a date. |
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| 1. **Briefly describe the purpose of the research. (Please attach any detailed research proposal, if submitted or to be submitted for grant application)**
 |
| Click here to enter text. |
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| 1. **Briefly describe the method and procedure. (Please attach interview schedules, questionnaires, etc). Include information about:**

 **(a) personal questions, interview schedules, questionnaires** **(b) duration and frequency of assessment sessions** |
| Click here to enter text. |

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| 1. **Describe any discomfort or inconvenience to which participants may be subjected. Include information about:**

**(a) procedures that for some people could be physically stressful or might impinge on the safety of participants,** **(b) procedures that for some people could be psychologically stressful.** |
| Click here to enter text. |
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| 1. **(a) Who will the participants be?**

**(b) How will they be recruited?** |
| Click here to enter text. |
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| 1. **Will participants be paid? If so, how much?**
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| Click here to enter text. |
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| 1. **What will participants be told about the study? (Please attach a Participant Information Sheet)**

**(a) aims****(b) procedures** |
| Click here to enter text. |
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| 1. **What information about the research procedure or the purposes of the investigation will be withheld (if anything)?**
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| Click here to enter text. |
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| 1. **When will consent be obtained? (Please attach a Participant Consent form, written on headed paper and including your name(s), address and contact phone number.)**

**(a) Prior to the investigation? OR At the time of the investigation?****(b) Will consent be verbal OR written OR electronic via computer? (if not written, please justify this)****(c) Will consent be personal OR third party on behalf of the participant?****(d) Will personally identifiable information be made available beyond the research team? If so, to whom, and how will consent be obtained for use of personal information?** |
| Click here to enter text. |
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| 1. **At the end of the research, what will participants be told about the investigation? Include:**

**(a) debriefing,** **(b) ways of alleviating any distress that might be caused by the study, and** **(c) ways of dealing with any problem relating to the focus of the study that may arise.** |
| Click here to enter text. |

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| 1. **Has the person carrying out the project had previous experience of the procedures to be used? If not, who will supervise that person?**
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| Click here to enter text. |
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| 1. **Public indemnity insurance would normally be provided by the University’s insurance for persons employed by them or working in their institutions. If you do not have appropriate institutional affiliation, how will you provide public indemnity insurance, including insurance against non-negligent injury to participants?**
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| Click here to enter text. |
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| 1. **If data is to be analysed or stored on a computer, you must make arrangements to comply with the General Data Protection Legislation (see your departmental contact for more information).**
2. **What sort of data will you be collecting?**
3. **How will it be stored?**
4. **How will you ensure confidentiality?**
5. **How will it be analysed?**
 |
| Click here to enter text. |
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| 1. **Research conducted by students:**
2. **Please describe what training the student has received in conducting research with these subjects.**
3. **Please outline the involvement of the supervisor in overseeing the conduct of this research.**
 |
| Click here to enter text. |
| 1. **Conflicts of interest:**

**Are there any real or perceived conflicts of interest relevant to the research project? If so, please describe details of the process that you will use to manage these.** |
| Click here to enter text. |
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| **CHECK-LIST OF INFORMATION TO ENCLOSE WITH YOUR APPLICATION** |
| **Please note that this is only a list of essential documents that would be required for the consideration of your application by the committee. Please attach any further documentation that you think might help the committee in reaching a decision about your application.****Please note that without this documentation, ethics approval will NOT be given.** |
| * Detailed Research Proposal
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| * Interview Schedules and questionnaires
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| * Participant Information Sheet
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| * Participant Consent Form
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| **Please return completed form and additional documents to your Departmental Administrator in the first instance.****Humanities and Social Sciences Research Ethics Committee, School of the Humanities and Social Sciences, 17 Mill Lane, Cambridge CB2 1RX.****cshssethics@admin.cam.ac.uk** |

1. Some departments will use this form for their own review [↑](#footnote-ref-1)