

**St Mary’s University**

Ethics Sub-Committee

Application for Ethical Approval (Teaching)

This form must be completed by the academic staff member responsible for any new undergraduate or postgraduate programme or module. Before completing this form, please refer to the St Mary’s University Ethics Guidelines and any relevant professional guidelines.

As the academic involved, you are responsible for exercising appropriate professional judgement in this review. If you have any queries when completing the application, please consult with your Faculty Ethics Sub-Committee Representative.

All forms must be signed, and an electronic copy only (one PDF) should be forwarded to the Faculty Ethics Sub-Committee Representative. All forms and guidance notes are available on the intranet:

<http://staffnet.smuc.ac.uk/academic-services/ethics-info/Pages/ethics-guidelines-forms.aspx>

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| 1. **Name of module convenor(s)**
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| 1. **St Mary’s email address**
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| 1. **Programme name and JACS code**
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| 1. **Module name**
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| 1. **Faculty/Institute**
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| 1. **Type of teaching activity e.g. data collection, manual handling etc.**
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| **7) Checklist** |  |
| Do any module activities require written informed consent to be obtained from participants?  | Yes/No |
| Are you working with children under 18 years of age or vulnerable adults?  | Yes/No |
| Have you obtained permission from the gatekeeper or guardian of the child/young person? | Yes/No |
| Is there significant potential for physical or psychological discomfort, harm or stress to students or members of the public? | Yes/No |
| Are participants over 65 years of age? | Yes/No |
| Are any invasive techniques involved, or the collection of body fluids or tissue? | Yes/No |
| Is an extensive degree of exercise or physical exertion involved? | Yes/No |
| Is there manipulation of cognitive or affective human responses which could cause stress or anxiety? | Yes/No |
| Are drugs, including liquid and food additives or other substances to be administered? | Yes/No |
| Will deception of participants be used of a nature which might cause distress or which might reasonably affect their willingness to participate? | Yes/No |
| Will highly personal, intimate or other private or confidential information be sought? | Yes/No |
| Has the protocol been approved by the Ethics Sub-Committee under a generic application? | Yes/No/Not Applicable |

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| **8) Activity Information** |
| a) Please provide detailed information of any data collection (qualitative/quantitative etc.) or activities which will be conducted during the module.b) Please include information on what you will do and how this will be managed. For example the nature of tests, questionnaires, type of interview and ethnographic observation etc. c) Please include information regarding how students will interact with each other i.e. within or outside the classroom. d) If the participants are external to St Mary’s University please describe the extent of their commitment and the length of time they will be required to attend. e) Please include location details.  |
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| **9) Participants** |
| a) Please outline the age, sex, methods of recruitment, inclusion/exclusion criteria for any student or external participant. |
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| **10) Consent** |
|  a) Will coercion be used in the recruitment of participants? If so, please provide further information.b) Are there any incentives/pressures which may make it difficult for participants to refuse to take part? If they refuse, how will you respond and deal with the request?c) Will any of the participants be from any of the following groups? Children under 18, participants with disabilities and other vulnerable groups (as described in the Safeguarding Vulnerable Groups Act 2006)d) If children under 18 are participating, has the researcher/investigator a current Disclosure and Barring Service certificate for the institution?e) Please provide information on how consent will be obtained? For example, by opting into the module consent is obtained.  |
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| **11) Risks and Benefits of Research or Other Activity** |
| a) Are there any potential risks or adverse effects (e.g. injury, pain, discomfort, distress, changes to lifestyle) associated with this activity? b) If so please provide further information below on how they will be minimised.c) Do the participants have limited ability to give voluntary consent? For example these might include cognitively impaired persons, prisoners, persons with a chronic physical or mental condition, or those who live in or are connected to an institutional environment etc. d) Please describe any invasive procedures which might be part of in the module(s). e) Is an extensive degree of exercise or physical exertion involved?f) Please describe the degree of exercise involved.g) Will there be manipulation of cognitive or effective human responses?h) If so, how could they cause stress or anxiety, and how will you manage this? i) Please describe how you would deal with any adverse reactions participants might experience.j) Are there any potential benefits of participating in the module(s) to the participants?For example, gaining fitness knowledge or improving performance.k) List any drugs, including liquid and food additives or other substances, that will be administered.l) If deception is taking place, please comment on what the deception is, how it will be administrated and the reason for the deception taking place.m) Will exercises take place which are covered under the remit of the Human Tissue Act 2004? |
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| **12) Confidentiality, Privacy and Data Protection** |
| For your module you will need to ensure that all electronic data will be kept on St Mary’s University server. Any data in hard format must be kept in a lockable cabinet on St Mary’s premises. a) What steps will be taken to ensure student’s / participant’s confidentiality?b) Who will have access to the data?  |
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The proposer recognises their responsibility in carrying out the module(s) in accordance with the University’s Ethics Guidelines, and they will ensure that any person(s) assisting in the research/ teaching are also bound by these. The Ethics Sub-Committee must approve of, and be notified of, any deviation from the information provided on this form.

I agree to keep all data in line with the Data Protection Act 2018.

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| Signature of Module Convenor(s) / Programme Director(s):Date:  |
| Signature of Ethics Sub-Committee Representative:Level 1 – Yes/No\*Level 2 – Yes/No\*Level 3 – Yes/No\* – forward to Ethics Sub-CommitteeDate:\*delete as appropriate |

If required (level three applications only):

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| Signature of the Ethics Sub-Committee Chair:Date: |



St Mary’s Ethics Application Checklist

The checklist below will help you to ensure that all the supporting documents are submitted with your ethics application form. The supporting documents are necessary for the committee to be able to review and approve your application*.*

Please note, if the appropriate documents are not submitted with the application form then the application will be returned directly to the applicant and may need to be re-submitted at a later date.

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| Document | Yes | Not applicable |  |
| 1.Application Form  | Mandatory |  |
| 2.Risk Assessment Form (if applicable) | Yes |  |  |
| 9. Research instrument, e.g. validated questionnaire, survey, interview schedule (applicable) | Yes |  |  |