**MTU RESEARCH ETHICS APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **Name of applicant(s)** |  Date |  |
| **Contact Details** | Phone Email |  |
| **Department/Unit** |  |
| **Title of Research** |  |
| **Name of Supervisor (Principal Investigator)** |  |

MTU is committed to promoting and protecting ethics in research undertaken in MTU or by MTU staff and students. Overleaf are a number of tables to indicate the primary ethical concerns that may apply to your research. A rationale for points in all relevant sections should be submitted with this application.

Please note if your research involves **Clinical Trials** the ‘MTU - Clinical Trials Ethics Application Form’ will need to be completed.

**INTELLECTUAL PROPERTY RIGHTS**

Please refer to CIT IPR policy document - INTELLECTUAL PROPERTY POLICY, July 2011

 **CONFLICT OF INTEREST DECLARATION**

The MTU Research Conflict of Interest declaration needs to be signed. This refers to circumstances in which personal interests (financial or other) may compromise, or have the appearance of compromising, your professional competence as a researcher in undertaking or reporting the research.

I/We declare that I/We know of no conflict of interest pertaining to the research outlined in this proposal.

I/We agree to the above **□**

I/We do not agree to the above □

(Please tick one box only)

 **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor/Principal Investigator*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Head of Department/Function*

***Note. A potential conflict of interest if it exists needs to be explained in a supplementary letter submitted with this application.***

**INSTRUCTIONS TO INVESTIGATORS**

Investigators should pay particular attention to their responsibilities especially those outlined below:

* Provide the Research Ethics Committee with the appropriate information on the research protocol by filling the forms in detail. Notify the Committee of subsequent modifications, terminations, and adverse reactions if significant, and if changes in focus or direction occur which may require ethical approval.
* Ensure that all documentation is submitted electronically as a PDF.
* Ensure that no direct research, i.e. research involving ethical issues (as indicated by answering **No** to any of the Questions 1-8; and/or **Yes** to any of the Questions 9-13 in Table 1; and **Yes** to any of the Questions in Table 2), will be initiated (except emergency or compassionate) until Research Ethics Committee approval is received.
* Obtain appropriate informed consent from participant(s) where necessary.
* Carry out the protocol as approved; initiating modifications only after the Research Ethics Committee has approved the amendment. (Exceptions only where necessary to eliminate apparent immediate hazards to the participant(s)).
* Where the research results in any severe reaction or unforeseen injury, the research actions responsible should be immediately suspended and the matter immediately reported to the Chair of the Research Ethics Committee and any other relevant committee or officer of the Institute.
* Ensure that the research will be carried out only by the approved investigator and or co-investigators.
* Keep appropriate records, including names and access information for all research subjects, and maintain confidentiality of all records.

**Notes:**

1. Please submit this form and any attachments electronically to Dr Stephen Cassidy **(Email** **research.ethics@cit.ie** **)**, Acting Chair, Research Ethics Committee, Dean of Graduate Studies, Munster Technological University.

1. Guidelines on the design of an informed consent form (ICF) are attached as appendix 1.

*This form is adopted from pp. 13-14 of “Guidelines for Minimum Standards of Ethical Approval in Psychological Research” (British Psychological Society, July, 2004) and from the “Code of Professional Ethics” from* the Psychological Society of Ireland – 2011.

**ETHICS CHECKLIST FOR RESEARCH INVOLVING HUMAN PARTICIPANTS**

The MTU Research Ethics Committee (REC) has produced the following checklist to assist researchers whose project involves the participation of humans and the associated ethical implications. If you answer YES to any of these questions, you will need to complete and submit the MTU Research Ethics Application Form, which can be downloaded on the MTU website.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. **RESEARCH WITH HUMAN PARTICIPANTS**
 | **YES** | **NO** |
| 1 | Will/have you obtained consent from any organisations involving/representing potential participants? |  |  |
|  2 | Will you describe the main research procedures to participants in advance, so that they are informed about what to expect? |  |  |
|  3 | Will participation be voluntary?  |  |  |
|  4 | Will you obtain informed consent in writing from participants? |  |  |
| 5 | Will you tell participants that they may withdraw from the research at any time and for any reason (without repercussions), and (where relevant) omit questionnaire items to which they do not wish to respond? |  |  |
| 6 | Will data be treated with full confidentiality / anonymity (as appropriate)?  |  |  |
| 7 | If results are published, will anonymity be maintained and participants not identified? |  |  |
| 8 | Will you debrief participants at the end of their participation***?*** |  |  |
| 9 | Will your research involve the processing of genetic information or personal data *(e.g., ethnicity, health, sexual lifestyle, political opinion, religious or philosophical opinion)*? |  |  |
| 10 | Will your research involve the tracking or observation of people? |  |  |
|  11 | Will your project involve deliberately misleading participants in any way? |  |  |
| 12 | Is there a realistic risk of participants experiencing physical or psychological distress? *(if yes, outline support measures to be put in place, short- and long-term, in section 3.5)* |  |  |
| 13 | Will compensation be awarded to participants upon participation? *(if yes, please describe).* |  |  |
|  | **Table 1 Research with Human Participants** |  |  |
|  |  |  |  |
|  | 1. **RESEARCH WITH VULNERABLE HUMAN GROUPS**
 | Yes | No |
|  1 | Will your participants include children (<18 years of age)? |  |  |
|  2 | Will your participants include people with learning or communication difficulties? |  |  |
|  3 | Will your participants include patients? |  |  |
|  4 | Will your participants include people in custody? |  |  |
|  5 | Will your participants include people known to be engaged in illegal activities (e.g., drug taking; illegal Internet behaviour)? |  |  |
| 6. | Will your research involve any other vulnerable groups? *(if yes, please identify).* |  |  |
| 8. | Could your research further stigmatise a population group? *(if yes, please explain how this will be addressed).* |  |  |
| 7. | Will your research involve any benefit sharing with the vulnerable groups? *(if yes, please explain)* |  |  |

**Table 2 Research with Vulnerable Human Groups**

 **3. DESCRIPTION OF THE RESEARCH**

Please provide a detailed description of the research to be undertaken addressing as a minimum the headings below.

1. Objectives of the Research.
2. Concise statement of ethical issues raised by the research and how you intend to deal with them.
3. Description and justification of methodology to be followed. *(Attach copy of questionnaire/interview protocol /discussion guide /etc.).*

1. Sample explanation (number, composition, recruitment, exclusion/inclusion criteria; relevant licences, approval or support letters should be attached).

1. Permission, informed consent/assent, support measures and debriefing procedures (where relevant) *if you answered YES to Question 12 Table 1, give details here. State what you will advise participants to do if they should experience problems (e.g., who to contact for help).*
2. Data protection procedures (including access, retention, destruction).
3. Identify the research investigators or co-investigators covered by the application.
4. Measures to be taken to address any other ethical concerns raised by the research (in relation to the points in Tables 1 and 2).

1. Has additional insurance cover being taken out? (*if yes, please attach a copy of same).*
2. Please give an estimated start date and duration of the research study.

**4. ADDITIONAL INFORMATION**

1. Is there anything else of an ethical nature you wish to disclose? **Yes** or **No**.

*(Please circle either yes or no. If your answer is ‘yes’ then please elaborate in the space provided)*

1. If your research methodology is impacted by Covid-19, have you ensured that all public health advice and safety protocols for Covid-19 are in place and will be adhered to by researchers and participants?  **Yes** or **NA**.

*(Please circle either yes or NA. If your answer is ‘yes’ then please elaborate in the space provided)*

|  |
| --- |
|  |

 **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor/Principal Investigator*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approval Head of Department/Function*

**Appendix 1**

**Informed consent form – template for qualitative studies**

The aim of this template is to assist the researcher in the design of their informed consent form (ICF). It is important that this template is adapted to suit the requirements of their particular study. The ICF consists of two sections: the research information and the consent certificate.

**Informed consent form**

Informed Consent Form for:

*[Name of group, organisation or individual for whom this consent is written]*

|  |  |
| --- | --- |
| Name of Researcher: |  |
| Name of Principal Investigator: |  |
| Department / Unit: |  |
| Contact Details: | tel: email: |
| Title of Research: |  |

**SECTION 1: INFORMATION**

**Purpose of the Research** *[Briefly explain the research in lay terms to suit your proposed participant(s)]*

**What the Research will involve?** *[State concisely what you, the researcher, expects from your participant. What are they required to do?]*

**Participant Selection** *[Explain why you have chosen this group, organisation or individual to participate in your research]*

**Voluntary Participation** *[Explain that consent is voluntary. If choosing to participate than a signature in section 2 will be necessary. Inform the participant of withdrawal options]*

**Confidentiality** *[Outline measures which will be taken to ensure confidentiality of data and/or information of participants. Ensure that you establish an agreement with the proposed participant for use or non-use of names, quotations, etc.]*

**Duration** *[Inform the proposed participant of the research duration and the time you will require from the participant including subsequent meetings, if necessary]*

**Procedure(s)** *[Provide a brief description of the information you require from your proposed participant(s). For example, include the type of questions which they will be asked]*

**Proposed use of Result** *[Inform your participants what you propose to do with the results, including possible publication(s) and/or use at conferences]*

**Possible Risk or Disadvantages to Participation** *[Describe any risks or disadvantages which may arise and possibly affect your participant(s). If there are none foreseen you should state this to your participant(s)]*

**Benefits of this Research** *[Inform the participant(s) of the projected benefits of the research]*

**Further Information (if required)** *[Include any further information which you believe to be pertinent to the proposed participant]*

**Reviewers of the Research** *[Inform the participant(s) who will review and who has reviewed your research. For example, principal investigator(s), collaborating groups, Research Ethics Committee, etc.]*

**Future Queries/Contact** *[Details of who your participant should contact for further information or subsequent queries]*

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Email: |  |

**SECTION 2: CONSENT FORM**

I/We……………………………………………………. agree to participate in *[Insert Researchers Name]* research study on

*[Insert Full Title of Research]*.

I/We have read the information provided on this research study, or it has been read and explained to me/us.

I/We have had the opportunity to ask questions and as such understand the purpose and nature of the research study.

I/We consent voluntarily or give consent for others under our guardianship to be a participant in this research study and understand my/our/their rights to withdraw.

Signed………………………………………………….. Date……………/……………/……………...