Form 1

**Faculty of Arts Business and Social Science (FABSS)**

**Ethical Approval Form**

Ethics Submission: Postgraduate Research Degrees, Staff Research including Consultancy

**All staff and postgraduate researchers must complete Section One and Two.**

* If you believe that your research falls into Category Zero then you need not complete the remainder of the form, just section one and two.
* If your research is either Category A or B then please complete all of the form

1. Before completing this form you must refer to the latest ethical guidelines, which can be found on the Research Policy Unit’s web pages [www.wlv.ac.uk/ethics](https://exchcas.unv.wlv.ac.uk/owa/redir.aspx?C=qeUXIrIrBGA6_jnWy2FEcBCEidAOhJLBxELPv828w5piqCzDzx_WCA..&URL=http%3a%2f%2fwww.wlv.ac.uk%2fethics)
2. Please give sufficient information so that the FABSS Ethics Committee can make an informed decision. Please be as clear as you can and avoid specialist jargon.
3. Once you have completed this form please email it directly to [FABSSEthics@wlv.ac.uk](mailto:FABSSEthics@wlv.ac.uk) and it will be forwarded to the appropriate Panel Lead/Ethics Committee members for consideration. Please indicate in the subject box of the Email ‘Your Last Name -Ethical Approval Request’.
4. You should receive a decision and feedback within three weeks of sending the request.
5. Possible outcomes are:
   1. Approved
   2. Approved subject to conditions
   3. Declined
6. Ethical approval is only given for the details of the research provided on the form. If you make any major changes to the research aims or methodology you will have to make another application for ethical approval.

Faculty of Arts Business and Social Science (FABSS)

Ethical Approval Form

SECTION ONE

|  |  |  |
| --- | --- | --- |
| Application Date |  | Date Approval Required By |
|  |  |  |

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| --- | --- | --- | --- |
|  |  | Yes | No |
| I have read the latest Ethics Guidance on the RPU webpages. |  |  |  |

|  |  |
| --- | --- |
| Name & Contact Details | |
| First name |  |
| Last name |  |
| University Email address |  |
| Student number (if applicable) |  |

|  |  |
| --- | --- |
| Level of Research: Indicate all relevant | |
| Academic Staff |  |
| Postgraduate research student |  |
| MPhil |  |
| PhD |  |
| Post-doctoral |  |

|  |  |  |
| --- | --- | --- |
| DoS or PI/Researcher: Name where relevant | | |
| Name of Director of Studies |  | |
|  | Yes | No |
| I have discussed completing this form and the ethical issues of the research with my DoS |  |  |
|  |  | |
| Name of Principal Investigator/Researcher |  | |

|  |  |
| --- | --- |
| Faculty of Arts, Business and Social Sciences Subject area (indicate all relevant) | |
| Wolverhampton School of Art |  |
| School of Humanities |  |
| School of Performing Arts |  |
| University of Wolverhampton Business School |  |
| University of Wolverhampton Law School |  |
| School of Social, Historical & Political Studies |  |
| Other (please specify) |  |

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| Research Centre (list all relevant) |
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SECTION TWO

|  |  |
| --- | --- |
| 2.i | Full Title of Project |
|  |  |

|  |  |  |
| --- | --- | --- |
| 2.ii | Ethical Category | |
|  | Category 0 |  |
|  | Category A |  |
|  | Category B |  |

|  |  |
| --- | --- |
| 2.iii | Give a brief summary of your research project indicating your rationale and aims |
|  | Expand as necessary |

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| --- | --- |
| 2.iv | Methodology: How will your research be conducted? |
|  | Expand as necessary |

SECTION THREE

|  |  |  |  |
| --- | --- | --- | --- |
| 3.i | Is ethical approval required by an external agency? (e.g. NHS, other HE institution, NGO etc.) | | |
|  |  | YES | NO |
|  | Ethical approval from external agency is required |  |  |
|  | If YES, please provide details: | | |
|  |  |  |  |
|  | Contact details of person from whom permission is sought (if known) or obtained | | |
|  |  | | |

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| --- | --- | --- | --- |
| 3.ii.a | Does your research involve participants under the age of 18 or other vulnerable group? | | |
|  |  | YES | NO |
|  | The research involves participants under the age of 18 |  |  |
|  | The research involves other vulnerable participants (specify) |  |  |
|  | Is a certificate required from the Disclosure and Barring Services (DBS) |  |  |
|  | I have obtained a DBS certificate |  |  |
|  |  |  |  |
| 3.ii.b | If your research does involve participants who are under 18 or from a vulnerable group indicate what measures you will take to safeguard them and protect their rights. | | |
|  | Expand as necessary | | |

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| --- | --- | --- | --- |
| 3.iii.a | Does your research fit into any of the following security-sensitive categories | | |
|  |  | YES | NO |
|  | Commissioned by the military |  |  |
|  | Commissioned under an EU security call |  |  |
|  | Requires acquisition of security clearances |  |  |
|  | Concerns terrorism or extremist groups |  |  |
|  |  |  |  |
| 3.iii.b | If you have answered yes to any of the above, please supply details. What measures will you put in place to ensure that your research cannot be misconstrued as supporting extremism and that you ensure your own safety etc.? | | |
|  | Expand as necessary | | |

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| --- | --- | --- |
| 3.iv.a | Is your data set of potentially illicit origin? This is data that is obtained without the consent of the original data owners or data subjects | |
|  | Yes | No |
|  |  |  |
| 3.iv.b | If you have answered yes, please supply details: | |

SECTION FOUR

|  |  |
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| 4.i | Give an overview of the main ethical issues raised by your research (e.g. confidentiality, anonymity, conflict of interest, sensitivity of data, potential for harm etc. |
|  | Expand as necessary |

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| --- | --- |
| 4.ii | How will research participants be identified and recruited? How will you ensure that potential participants will be fully informed about the nature of the research? |
|  | Expand as necessary |

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| --- | --- |
| 4.iii | How will you ensure the anonymity of your research participants? If it is not possible to guarantee anonymity what strategies have you in place? |
|  | Expand as necessary |

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| 4.iv | Confidentiality and data security: How will you ensure that your data is secured |
|  | Expand as necessary |

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| For Office Use Only: Format approved 1/8/21 |  |
| Date of Final Copy of Application Form |  |
| Date of Approval/Outcome Letter |  |