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| **SCHOOL OF PSYCHOLOGY ETHICAL REVIEW: Project Application** |

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| Office Use Only   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | PEC Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Review Status: |  | Agreed |  | Conditional |  | Resubmit |  | Reject | |

**Please complete using a word processor.**

**Submit (1) a signed paper copy of this form and (2) electronically all the relevant documents to** [**psychethics@abdn.ac.uk**](mailto:psychethics@abdn.ac.uk)

**Checklist: have you prepared all the necessary documents for submission?**

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| --- | --- | --- | --- |
|  | **yes** | **no** | **N/A** |
| **PEC form fully completed (including last page) and paper version signed by all researchers** |  |  |  |
| **Consent form** |  |  |  |
| **Debrief form** |  |  |  |
| **Recruitment poster** |  |  |  |
| **Information sheet(s)** |  |  |  |
| **SONA forms** |  |  |  |
| **Instructions for participants** |  |  |  |

**If you have ticked ‘no’ in any of the boxes, it is very likely that your application is not yet complete so you should not submit it until all the relevant documentation is prepared and all boxes are ticked as either ‘yes’ or ‘not applicable’.**

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| Tick one box: STAFF project  POSTGRADUATE project  UNDERGRADUATE project:  Level 3  Level 4  Title of project:  Name of researcher(s):  Name of supervisor (for student research): Date:  Supervisor’s e-mail address:  Name of permanent member of staff associated with the project: |

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| **Part One** | | Yes | No | N/A |
| 1.1 | Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect? |  |  |  |
| 1.2 | Will you tell participants that their participation is voluntary and that they may withdraw from the research at any time and for any reason? |  |  |  |
| 1.3 | Will you obtain written consent for participation (this includes consent to be observed in observational studies)? |  |  |  |
| 1.4 | With questionnaires and interviews, will you give participants the option of omitting questions they do not want to answer? |  |  |  |
| 1.5 | Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? |  |  |  |
| 1.6 | Are the data to be stored anonymously (i.e. the identity of the person IS NOT linked directly or indirectly with their data)? |  |  |  |
| 1.7 | Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study and an opportunity to ask questions)? |  |  |  |

If you have responded **No** to any of Part One please give an explanation as to why on a separate sheet.

(N/A = not applicable)

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| **Part Two** | | Yes | No | N/A |
| 2.1 | Does research involve observational and/or involve any covert recording? |  |  |  |
| 2.2 | Will the research involve deliberately misleading participants (deception) in any way? |  |  |  |
| 2.3 | Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If **Yes,** give details on a separate sheet and state what you will tell them to do if they should experience any problems (e.g. who they can contact for help). |  |  |  |
| 2.4 | Is the nature of the research such that sensitive, personal, or contentious issues might be involved? |  |  |  |

If you have ticked **Yes** to any of Part Two you should normally **tick box B or C** below; if not, please give a full explanation on a separate sheet.

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| **Part Three** | | | Yes | No | N/A |
| 3.1 | Do participants fall into any of the following special groups? If they do, please refer to BPS guidelines, and **tick box B** below.  **Note that you may also need to obtain satisfactory *Disclosure Scotland* or PVG clearance (or equivalent for overseas students).** | Will you be recruiting or conducting research on premises outside the School of Psychology? (if yes, please include letter from the relevant authority indicating permission) |  |  |  |
| People under 16 years of age |  |  |  |
| People with learning or communication difficulties |  |  |  |
| People who could be regarded as vulnerable or are unable to give their informed consent |  |  |  |
| Patients and hospital staff (NoSRES approval required) |  |  |  |
| People in custody |  |  |  |
| People engaged in illegal activities (see notes) |  |  |  |
| 3.2 | Does the project involve external funding or external collaboration where the funding body or external collaborative partner requires the University to provide evidence that the project has undergone ethical review? | |  |  |  |
|  | Specify funding body | |  | | |

If you have ticked **Yes** to any of Part Three you should normally **tick box B or C** overleaf; if not, please give a full explanation on a separate sheet.

**There is an obligation on the lead researcher to bring to the attention of the Ethics Committee any issues with ethical implications not clearly covered by the above checklist.**

PLEASE TICK **EITHER** BOX A OR BOX B BELOW AND **PROVIDE THE REQUIRED** **DETAILS** IN SUPPORT OF YOUR APPLICATION THEN SIGN THE FORM.

**Please tick**

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| 1. I consider that this project has **no** significant ethical implications to be brought before the School Ethics Committee. |  |
| **Give a brief description of the experiment (approximately 200 words). Include study rationale and theoretical constructs as well as brief information about: participants (e.g. number, age, sex, recruitment method, group assignment), apparatus and materials (e.g. stimuli, name(s) or copy of questionnaire) and procedure (e.g. what will happen to participants, duration, unit allocation). Any exclusions must be scientifically justified. You must provide sufficient information for the reviewer(s) to understand the study and be able to assess it.** | |
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| 1. I consider that this project may or does have ethical implications that should be considered by the School Ethics Committee, and/or it will be carried out with children or other vulnerable populations.   OR   1. This project has ethical implications. There have been no substantive changes to previously reviewed protocols. I request a fast-track review on the basis of the information provided below. |  |
| **Please provide responses to the points listed below in a separate document.**   1. Project title. 2. Purpose of project and its academic rationale. 3. Brief description of methods and measurement procedure(s). 4. Participants: recruitment methods, number, age, gender, exclusion/inclusion criteria. 5. Recruitment, information, consent arrangements, debriefing.   ***Please attach copies of all intended sheets/forms and associated correspondence.***   1. A clear and concise statement of the ethical considerations raised by the project and how you intend to deal with them. 2. Estimated start date and duration of project.   **If you checked C, please also provide:**   1. List the previous PEC numbers associated with each aspect of this project and whether they were considered using fast-track (section A) or full review (section B). 2. State why you have requested fast-track review.   **You must provide sufficient information for the reviewer(s) to understand the protocol.** | |

I am familiar with the BPS Guidelines for ethical practices in psychological research (and have discussed them with the other researchers involved in the project).

Signed …………………………………… Print Name ……………………………… Date ……………

*(UG or PG Student(s), if applicable; duplicate entries as necessary)*

*I have read and confirm that this proposal is suitable for ethical review.*

Signed …………………………………… Print Name ……………………………… Date ……………

*(Lead Researcher(s) or Supervisor; duplicate entries as necessary)*

*I have read and confirm that this proposal is suitable for ethical review.*

Signed …………………………………… Print Name ……………………………… Date ……………

*(Permanent member of staff associated with project)*

***STATEMENT OF ETHICAL AGREEMENT***

This project has been reviewed using agreed School procedures.

Signed …………………………………… Print Name ……………………………… Date ……………

*(School of Psychology Ethics Committee)*

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| Office Use Only |

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| **SCHOOL OF PSYCHOLOGY ETHICAL REVIEW - NOTIFICATION** |

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Review Comments

Office Use: Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_