

Faculty of Science and Engineering Ethics Committee
Expedited Form for
research involving human participants

1: Applicants Details

Form Must Be Typed

Principal Investigator name (ie supervisor):
Principal Investigator email:
Student name:
ID number:
Email address:
Programme of study:
FYP, MSc or PhD Dissertation:
Working title of study:
Period for which approval is sought: Start Date: Date of approval End date: dd/mm/yy

2. Human Participants

Does the research proposal involve

- Working with participants over 65 years of age? Yes No
- Any person under the age of 18? Yes No
- Adult patients? Yes No
- Adults with psychological impairments? Yes No
- Adults with learning difficulties? Yes No
- Relatives of ill people (e.g. parents of sick children) Yes No
- Adults under the protection/control/influence of others (e.g. in care/prison)? Yes No
- People who may only have a basic knowledge of English? Yes No
- Hospital or GP patients (or HSE members of staff) recruited in medical facility Yes No

3. Subject Matter

Does the research proposal involve:

- Sensitive personal issues? (e.g. suicide, bereavement, gender identity, sexuality, fertility, abortion, gambling)? Yes No
- Illegal activities, illicit drug taking, substance abuse or the self reporting of criminal behaviour? Yes No
- Any act that might diminish self-respect or cause shame, embarrassment or regret? Yes No
- Research into politically and/or racially/ethnically and/or commercially sensitive areas? Yes No

4. Procedures

Does the research proposal involve:

- Use of personal records without consent? Yes No
- Deception of participants? Yes No
- The offer of large inducements to participate? Yes No
- Audio or visual recording without consent? Yes No
- Invasive physical interventions or treatments? Yes No
- Research that might put researchers or participants at risk? Yes No
- Storage of results data for less than 7 years? Yes No

If you have answered **Yes** to any of these questions in sections 2 to 4 above, you will need to fill in the S&E full application form and submit to the Faculty Ethics Committee for review. However, if the research is to be conducted **during or after/associated with School Placement**, and within the Department of Education subject syllabus outline, and provided the student has the permission of the class teacher and the school principal and that parent/guardians consent to participation, this expedited form can also be used. Please note that if the Faculty Ethics Committee deems it necessary you may be asked to fill in the full application form

Please note that only **1** hard copy of the FREC form is required for the Faculty Ethics Committee. You can get more information and download the forms needed at this address: www.ul.ie/researchethics/ **NB:** If you answered **Yes** to the last bullet point in section 2 then you will need to apply to the local HSE ethics committee not the FREC.

If you have answered **No** to all of these questions, please answer the following questions in sections 5.

5 Research Project Information

5a Give a description of the research. (Give details of what you and the participant will be doing for this study)

5b Will the participants be recorded? Yes No

If Yes will the recordings be Video Audio

Why is recording required?

5c Will a prototype be developed? Yes No

If Yes what format will this prototype take?

5d How many participants will be involved?

5e How do you plan to gain access to /contact/approach potential participants?

5f What are the criteria for including/excluding individuals from the study?

5g Have arrangements been made to accommodate individuals who do not wish to participate in the research? (NB This mainly relates to research taking place in a classroom setting)

Yes No N/A

If Yes

Please state what these arrangements are.

5h Can you identify any particular vulnerability of your participants other than those mentioned in section 2?

5i Where will the study take place? (If in UL please state where)

5j What arrangements have you made for anonymity and confidentiality? (How will participants be referenced in the final report)

5k What are the safety issues (if any) arising from this study, and how will you deal with them?

5l All data must be stored for 7 years following completion of the project.

How do you propose to store the information once the project is completed? Will the file/computer be password protected? (Information must not be stored on student's PC or on a USB Key)

Where will the information be stored (room number): (this would normally be the supervisors room number)

5m Insurance Cover

Insurance cover is required for all research carried out by UL employees. Principal Investigators/Supervisors should carefully view the University's 'Guidelines on Insurance Cover for Research' document and the University's Insurance cover to ascertain if their proposed research is covered. These documents are available at www.ul.ie/insurance.

Where any query arises about whether or not proposed research is covered by insurance, the Principal Investigator/Supervisor must contact the University's Insurance Administrator at cliona.donnellan@ul.ie to confirm that the required level of insurance cover is in place.

Please indicate by way of signature that the research project is covered by UL's insurance policies:

PI/Supervisor signature: _____

5n Please attach the relevant information documents and complete the following checklist to indicate which documents are included with application

Participant Information Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Participant Informed Consent Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian Information Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian Informed Consent Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Principal Information Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Principal Informed Consent Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Teacher Information Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Teacher Consent Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Protection Form (must be included if dealing with <18 year olds)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Questionnaire & Explanatory Cover Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interview/Survey Questions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recruitment letters/Advertisements/Emails, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Declaration

The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it. I undertake to abide by the guidelines outlined in the UL Research Ethics Committee guidelines <http://www.ul.ie/researchethics/>

I undertake to inform S&EEC of any changes to the study from those detailed in this application.

Student:	Name: Signature:	Date:
Principal Investigator*:	Name: Signature:	Date:

* In the case where the principal investigator is not a permanent employee of the University, the relevant head of department must sign this declaration in their place.

You should return this form with signatures to the S&E Ethics Committee c/o Faculty Office, Faculty of Science & Engineering, University of Limerick. In addition, a single pdf file containing the completed form and additional information (e.g. participant information sheet) should be emailed to sciengethics@ul.ie **This form must be submitted and approval granted before the study begins.**

S&EREC No. _____



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

INFORMATION SHEET

Dear ??

My name is ???? and I am currently undertaking a ??? at the University of Limerick under the supervision of ?????. The title of my proposed research is ??? The purpose of this project is to ???? (Give a brief description and method – interview/group discussion etc. The description should briefly explain what a participant will be expected to do, arrangements for confidentiality, how the information collected will be used)

(Participants should be informed of any risks involved in the study. The length of time required for their participation, their right to not participate or withdraw at any time. Participants should also be informed if they are to be audio/video recorded.)

To participate in this study you must be between the ages of 18 and 65.

If you have further questions regarding this research please feel free to get in touch with either myself or my supervisor using the email addresses listed below.

If you have concerns about this study and wish to contact someone independent, you may contact:
The Chair, Faculty of Science & Engineering Research Ethics Committee, University of Limerick,
Limerick. Tel: 061 213471

Yours sincerely,

Student Name, Email address (UL email only, no mobile number)	Supervisor Name, Department, Telephone Number and email address
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S&EREC No. _____



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

CONSENT FORM

Consent Section:

I, the undersigned, declare that I am willing to take part in research for the project entitled “**Insert Name of Research Project**”.

- I declare that I have been fully briefed on the nature of this study and my role in it and have been given the opportunity to ask questions before agreeing to participate.
- The nature of my participation has been explained to me and I have full knowledge of how the information collected will be used.
- I am also aware that my participation in this study may be recorded (video/audio) and I agree to this. However, should I feel uncomfortable at any time I can request that the recording equipment be switched off. The recordings will be destroyed once they have been transcribed. **(Remove this bullet point if participation is not being recorded)**
- I fully understand that there is no obligation on me to participate in this study
- I fully understand that I am free to withdraw my participation at any time without having to explain or give a reason
- I am also entitled to full confidentiality in terms of my participation and personal details
- I declare that I am between the ages of 18 and 65

Signature of participant

Date

In all cases involving research on participants under the age of 18, the Child Protection Form must be signed by all researchers involved in the project and submitted with the application.

S&EREC No. _____



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

Acceptance of the University of Limerick Child Protection Guidelines

I have read the University of Limerick Child Protection Guidelines and agree to abide by its contents.
There is no reason why I would be considered unsuitable to work with children or young people.

Signature of Principal Investigator: _____ Date: _____

Student Signature _____ Date _____