**Ethical Review - Form A**

**No Specific Ethics Risk Declaration**

**APPLICABLE FOR ALL RESEARCH NOT REQUIRING SPECIFIC ETHICAL APPROVAL**

*Before completing this form please refer to the School Research Ethics web pages which can be found using* [*this link*](https://research.hud.ac.uk/strategy/concordat-research-integrity/ada-ethics/)*.*

Ethical Approval is needed for all research involving any of the following:

* direct contact with human participants (e.g. interviews or questionnaires)
* direct contact with animal participants
* access to identifiable personal data for living individuals not already in the public domain
* increased danger of physical or psychological harm for researcher(s) or subject(s)
* research into potentially sensitive areas
* use of students as research assistants
* joint responsibility for the project with researchers external to the University.

*Taught students and PGR should consult the appropriate ethical guidelines. The respective academic supervisor should assist with advising you on appropriate professional judgement in this review prior to final submission to the Ethics Committee.*

***You cannot proceed with your active research until ethical sign off is notified***

***to you by the A&H Ethics Committee.***

Please tick one of the following options and then complete your individual details and ethical information.

|  |  |  |  |
| --- | --- | --- | --- |
| Module Approval |  | Academic Staff Research Bid/Project  |  |
| Undergraduate |  | Postgraduate Researcher |  |
| Postgraduate Taught |  |  |  |

Before completing, please refer to the School Research Ethics web pages which can be found using [this link](https://research.hud.ac.uk/strategy/concordat-research-integrity/ada-ethics/).

# APPLICANT DETAIL *(complete sections as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** *(all)* |  | **First name** *(all)* |  |
| **Student number** |  |
| **Type of study***UGrad, PGT* |  | **Module Number****Module Leader** |  |
| **Supervisor** |  |
| **Project start date** *(all)* |  |
| **Project Title** |  |
| **Risk level** *(all)* |  Nil [ ]   |

In signing this declaration, I am confirming that my proposed project does not involve:

* direct contact with human participants (e.g. interviews or questionnaires)
* direct contact with animal participants
* access to identifiable personal data for living individuals not already in the public domain
* increased danger of physical or psychological harm for researcher(s) or subject(s)
* research into potentially sensitive areas
* use of students as research assistants
* joint responsibility for the project with researchers external to the University.

# STATEMENT BY APPLICANT

I confirm that the proposed project does not require ethical approval and I have not submitted an Ethical Review – Form B.

If any changes to the project methods should result in a change of ethical review requirements, as indicated in the criteria above, I undertake to submit the project for further approval with an Ethical Review – Form B.

Attached are the relevant documents supporting Form A consideration.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation by Supervisor**

I can confirm that, to the best of my understanding, the information discussed and presented by the student is correct and appropriate to allow an informed judgement for consideration of ethical approval.

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

# RECOMMENDATION ON THE PROJECT’S ETHICAL STATUS

In approving this Declaration, I confirm that I have reviewed the proposed project and am satisfied that it does not involve any specific ethics risk as defined by the School policy.

|  |  |
| --- | --- |
| * Approved and noted research can proceed.
 |  |
| * Not Approved: Resubmission required of a Form B
 |  |
| **Resubmission date – 14 days from the date of this decision\***. | **xxxx** |

|  |
| --- |
| **Ethical Issues that need to be addressed by submitting Form B for a further Ethical Review** *(please ensure you note on the form B that it is a resubmission)* |

Chair of Ethics Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit to:** sah.research@hud.ac.uk