##### Taught Masters Research Ethics Committee – School of Education

##### TMREC-EDU

##### Research Ethics Application Form - Full Review

*Please note that in order to complete this form correctly, you will need to read the relevant HREC Guideline documents –* [*http://www.ucd.ie/researchethics/information\_for\_researchers/*](http://www.ucd.ie/researchethics/information_for_researchers/)

*Please also refer to the TMREC-Education Checklist when completing application.*

*An electronic copy of this application along with your supporting documentation (e.g. information sheets, questionnaires, interview schedules, observation schedules, consent forms etc) must be submitted* ***as one attachment*** *to* [education.ethics@ucd.ie](mailto:education.ethics@ucd.ie)*. Please submit your application at least five working days in advance of a TMREC meeting. Feedback will be provided within one week of this meeting.*

*Please put your answers into the boxes provided and do not alter the format of this form.*

*Please tick boxes by double clicking and then checking.*

1: Applicant Details

|  |
| --- |
| 1:1 Name: |

|  |
| --- |
| 1:2 UCD E-mail: |

|  |
| --- |
| 1:3 Telephone: |

**1:4 Masters Programme on which registered** *(please tick)*

MSc in Childhood Studies

MA in Education

MA in Educational Psychology

MEd

MEd Additional Support Needs

**Research Supervisor(s)**

|  |
| --- |
| 1:5. Supervisor(s) Name(s): |

|  |
| --- |
| 1:6 Supervisor(s) UCD email address(s): |

1:7 Have you read

1. **the current *Guidelines and Policies for Ethical Approval of Research Involving*** *Human Subjects* issued by the UCD HREC? Yes No
2. the *UCD Data Protection Policy?* Yes No

2. Research Proposal

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| --- |
| **2:1 Title of the proposed research** |

**2:2 Has this topic been studied before?**

Yes No

If yes, why is an additional study needed?

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| --- |
|  |

**2:3 Provide a brief description of research *(not more than 200 words in any sub-section*). [**Boxes below will expand to accommodate text.]

|  |
| --- |
| 2:3:1 The aims and objectives of the study |

|  |
| --- |
| 2:3:2 The research design |

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| --- |
| 2:3:3 The size and composition of sample |

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| --- |
| 2:3:4 Selection, approach and recruitment of participants |

|  |
| --- |
| 2:3:5 The proposed starting date of research/study |

**2:4 If participants belong to vulnerable groups, please give details below**

* Children under 18 years of age
* University Students *(see HREC policy)*
* People who have language difficulty
* People who have a recognised intellectual or mental impairment
* Elderly people
* People confined to institutions *(e.g. prison, hospital, nursing home)*
* Persons in unequal relationships with the researcher

*(e.g. teacher/student; therapist/client; employer/employee)*

* Others *(please specify)*

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3. Data Collection

**3:1 Methods of data collection** *(tick all that apply)*

* Standard educational tests
* Standard psychological tests
* Face to face interview
* Focus groups
* Observations
* Questionnaire/Survey
* Electronic survey
* Participant journals
* Data from organisation records\*
* Publicly available databases
* *­­­­­­­* Other\*

*\*Please give details*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**NB** Copies of instruments such as questionnaires, interview schedules/topics must be included in your supporting documentation. In the case of the use of standardised tests, give appropriate reference for test, evidence of researcher’s qualifications to administer (if necessary) and author’s permission to use, if applicable (in particular restricted psychological tests).

**3:2 Do you intend to use any of the following recording devices as a means of collecting data?** *(tick all that apply)*

* Audio/Sound recorder (tape/cds)
* Photography(incl.digital cameras/phones)
* Film/Video/DVD recorder 
  + Computer 
    - Other 
      * *If ‘Other’, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4. Ethical Dilemmas

4:1 Please identify any ethical dilemma which may arise in the course of the study and indicate the steps which you will take to control this risk

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| --- |
|  |

5. Participants: Risk, Harm,

**5:1 Please indicate the level of risk for research participants:**

High risk Some risk Minimal risk

**5:2 Please indicate the steps that will be taken to control this risk or to address any harm associated with participation.**

(e.g. debriefing procedures, etc.).

6. Participants: Consent

**6:1 Is written consent to be obtained?**

Yes No

**6:2 6:2 Describe how consent will be obtained.**

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7. Confidentiality and Data Protection

**7:1 Please indicate the form in which the data will be collected?**

Identified Potentially Identifiable De-Identified  Anonymised

**7:2 Please indicate the form in which the data will be stored?**

Identified Potentially Identifiable De-Identified  Anonymised

**7:3 Please, describe the procedure for storage of data**

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**7:4 Have participants been informed (e.g. on information sheet) how findings will be reported in thesis, publications, presentations?**

Yes No

8. Ethical Approval from other Body

**8:1 Has this proposal received Ethical Approval from another body?**

|  |
| --- |
| *(e.g. Hospital REC )*  Yes, all sections  Yes, some sections No |

**8:2 If Yes, give details below**

|  |
| --- |
| Name of the organisation that has approved the study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_    If not all sections have been approved by this body, please provide a brief account of aspects not covered:  *Please provide a copy of the approval in your supporting documentation* |

9. Insurance:

Please read HREC Guidelines on Insurance/Indemnity.

* After you have received your reviewed document and reference number from the TMREC-EDU, please forward your revised document including your reference number to the UCD Safety Officer [safety@ucd.ie](mailto:safety@ucd.ie) to seek insurance cover for your study
* Once you have received your Insurance Confirmation Email, please forward your revised submission *including all supporting documentation and the Safety Email* to the TMREC-EDU at [education.ethics@ucd.ie](mailto:education.ethics@ucd.ie)
* When full approval has been confirmed, you should submit the signed hardcopy of the application form along with the supporting documenation and insurance certificate to the School of Education office.

10. Signed Declaration

Before your research project can be given final approval by the TMREC-EDU, this section must be completed and submitted with original signatures

*We the undersigned have read the most recent UCD Research Ethics Committee Guidelines and Policy for Ethical Approval of Research involving Humans and agree to abide by them in conducting this research.*

*We confirm that the information provided on this form is correct and accurate.*

|  |
| --- |
| Signature of Applicant: Date: |
| Signature of Supervisor Date: |

List of Appendices