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

##### TMREC-EDU

##### Research Ethics Application Form - Exemption from 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 outlines on your supporting documentation*** *(e.g. information sheets, questionnaires, interview schedules, observation schedules, consent forms etc) must be submitted* ***to your supervisor*** *in advance of any field work.*

***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**

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| --- |
| 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)**

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

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| 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

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| If yes, why is an additional study needed? |

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

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

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| 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 |

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

**Part 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*

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

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

**NB** Copies of all research instruments such as questionnaires, interview schedules/topics should be agreed with your supervisor prior to your fieldwork and must be lodged with the SEC before your thesis can be submitted for Grading. Your Supervisor will advise on this.

**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.**

**5: Participants: Possible 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.**

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

**6: Participants: Consent**

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

**Yes No**

**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 & timely disposal of data**

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| --- |
|  |

**7:4 Will participants have been informed (e.g. on an 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?**

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

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

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| --- |
| 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 Arrangements & Close out of Application :**

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
* When full exemption has been confirmed, you should submit the signed hardcopy of the application form along with the supporting documentation and insurance email to your supervisor for their signature and forwarding to the TMREC-EDU Administrator

**10: Signed Declaration**

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| **I apply for Approval for Exemption from Full Review in regard the research protocol summarised above.**  Copies of all supporting documentation relating to this research have been submitted to TMREC EDU  Signature of Applicant: Date: |
| **I have read the above application, and am satisfied that the study appears to meet all requirements for a Grant of Ethical Approval with Exemption from Full Review from UCD HREC.**  All appropriate supporting documentation relating to this research has been approved  Signature of Supervisor Date: |