



Quality Code for Higher Education

Research Ethics Approval Form

Please note this form must be completed in type and submitted in good time before start of project, though exceptions to this will be considered.

Full details should be provided where requested.

It is essential that you have read:		
'Ethical Principles for Research Activity in RNN Group' 'Code of Practice on Research Misconduct'		
Before you complete this form, please confirm that you have	ve read and understood these documents: Yes/No	
Full title of research project		
Researcher (Name, course, faculty)		
Contact Address	Email & Telephone	
Names and soutset details of other student resourch as involved in this project		
Names and contact details of other student researchers involved in this project		

Name and faculty of research supervisor/s (if applicable)
Purpose for undertaking research (e.g. dissertation/thesis)
What is the aim of your research? (50 words max)
Duration and expected date of commencement of the research project?
Duration and expected date of commencement of the research project:
Proposed Methods
Summary of research/project process
How will your participants be recruited?
How will you brief participants about the research, e.g. information sheet?
Data Management
How will any data/film/media be managed and stored?

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How will confidentiality of data/film/media be ensured?	
List the people/department with access to the data/film/media	
Are all individuals with access to this data registered and compliant with the Data Protection Act 2018? If no, please provide an explanation	Yes/No
If no, please provide an explanation	
Does the research require the withholding of information about the purpose of the research from the partic	cipants? Yes/No
If 'yes' – please provide details and give reasons for withholding	
Ethical Considerations	
Does your research involve people under 18 years of age?	Yes/No
If 'yes' – please provide further information	
When/how will you seek the consent of their parents or guardians?	
Have you undergone a DBS check (Disclosure and Barring Service)	Yes/No
Does your research involve participants who might be considered 'vulnerable', e.g., medical patients, crime	
prisoners, disabled people, those recently bereaved? If 'yes' please provide information on how they will be safeguarded	Yes/No
Will your project need ethical clearance before a decision can be taken by a funding body?	Yes/No
If 'yes' please provide further information	
	Yes/No
If 'yes' please provide details	

If 'yes' please provide details and information on how you plan to deal with such risks	
Are there any potential benefits to participants?	Yes/No
Are there any potential inconveniences to participants?	Yes/No
If 'yes' please provide details	,
How long do you expect participants to be involved with the study?	
Might conducting the research expose the researcher to risks?	Yes/No
If 'yes' please provide details and information on how you plan to deal with such risks.	
Will the research take place in a setting other than one of the College campuses or residential building of the following of the college provide details where the research will take place and what safeguards have been set in researcher and participants.	
Will the intended participants of the study be individuals who are not members of the College? If 'yes' please provide details	Yes/No
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Does the research involve any actual or potential conflict of interest, e.g., a funding body's preferred relationship?	l outcome, a pri Yes/No
f 'yes' please provide details	
Are there issues which would require permission for publication of any information? If 'yes' please provide details	Yes/No

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Any other issues regarding your research?	
Please confirm the following before conding your proposal for consideration:	
Please confirm the following before sending your proposal for consideration:	
Have all the necessary areas of the Research Ethics Approval Form been completed?	Yes/No
Information sheet/s for participants?	Yes/No
information sneet/s for participants?	res/NO
Consent form/s	Yes/No
Interview Schedule/Focus Group Schedule	Yes/No
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Name of management	
Name of proposer:	
Date:	
Course / Departmental authorisation:	
Date:	

Once this questionnaire is completed, please send it to your module tutor, who should sign it and scan via email to headmin@rotherham.ac.uk, with a subject heading of 'Request for Ethical Consent [Course Name]'.

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