**Faculty of Medicine, Health and Life Sciences**

**Ethics Application**

**Screening Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | Do you have ethical approval for the study from another recognised Ethics Committee?*If* ***yes,*** *you should complete the form, Acknowledgment of Existing Ethical Approval.* | [ ]  | [ ]  |

**Prior to completion of this form please ensure that you have reviewed all study materials. It is the responsibility of the QUB lead (staff member/supervisor in the case of student projects) to ensure the study documentation is of a similar standard to that expected by QUB.**

Please indicate the type of project:

Staff: [ ]  Undergraduate (UG): [ ]  Postgraduate Taught (PGT): [ ]

Postgraduate Research (PGR): [ ]

QUB Investigator (This must be a member of QUB staff. For student projects, the Supervisor should be named as the QUB Investigator.)

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Staff Number | Click here to enter text. |
| School | Click here to enter text. |
| Email Address | Click here to enter text. |

QUB Co-investigators or Students involved

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Staff/Student number | School | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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Non-QUB co-investigators

|  |  |  |
| --- | --- | --- |
| Name | Institution/Company | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Full Title of Research | Click here to enter text. |
| Abbreviated Running Title | Click here to enter text. |
| Proposed Start Date | Click here to enter a date. |
| End Date | Click here to enter a date. |

**Faculty of Medicine, Health and Life Sciences**

**Acknowledgement of Existing Ethical Approval**

**Summary**

*Briefly summarise QUB involvement in the research project:*

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| --- | --- |
| Name of external Committee granting approval | Click here to enter text. |
| External reference number | Click here to enter text. |
| Date of Approval | Click here to enter text. |
| Start date of approved research | Click here to enter text. |
| End date of approved research | Click here to enter text. |
| Chief Investigator (CI) of study from external Institution | Click here to enter text. |
| Lead Researcher of study at QUB if not CI | Click here to enter text. |
| Address/email of Committee granting approval | Click here to enter text. |

**To be confirmed by QUB Investigator / Supervisor:**

|  |
| --- |
| I confirm that the relevant risk assessment and health and safety protocols in relation to this research have been undertaken and appropriate safeguards in place to manage any risks, where relevant to QUB.  |[ ]
|  |  |
| **By submitting this application all applicants confirm :** |  |
| I will preserve the confidentiality of all information provided by participants in this research.  |[ ]
| I will abide by the procedures established by the University, relevant professional bodies and other organisations in conducting this research. |[ ]
| I will conduct the research in accordance with the documentation supplied. |[ ]
| I have consulted the appropriate Codes of Practice for my professional body. |[ ]

Signature of QUB Investigator/Supervisor:

(Electronic signature acceptable)

QUB Staff Number of QUB Investigator/Supervisor:

Date of Submission:

This application form and the material indicated below should be submitted by email to:

facultyrecmhls@qub.ac.uk

Forms to be submitted (Please ensure all submissions begin with the SURNAME of the QUB main applicant or Supervisor):

* Acknowledgment of existing Ethical Approval form
* The full Ethics Application and all study documents as approved by the external QUB body should accompany this form. This should include the protocol, participant consent and information sheet.

If you require any information in respect of the above application, please contact the Research Ethics Officer, facultyrecmhls@qub.ac.uk