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

**Ethics Application**

**Screening Questionnaire**

|  |  |  |  |
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|  |  | **Yes** | **No** |
|  | Do you have ethical approval for the study from another recognised Ethics Committee?  *If* ***yes,*** *you should complete the form, Confirmation of Existing Ethical Approval.* |  |  |
|  | Are the proposed participants under the jurisdiction of the prison service?  *If* ***yes****, you will need to apply to the relevant prison ethics committee to obtain ethical approval. You will also need to apply for Faculty REC Approval by completing the Full Ethical Approval Form.* |  |  |
|  | Are the proposed participants to be service users / patients (or family members of service users / patients) recruited from NHS organisations, including hospitals, social care homes, residential care homes, nursing homes?  *If* ***yes****, you will need to apply to the relevant NHS Research Ethics Committee to obtain ethical approval*.  *Please note research with NHS/Trust Staff requires NHS/Trust R&D Governance approval as well as QUB REC Approval* |  |  |
|  | Does this study involve animals?  *If* ***yes*** *and the procedures are covered by the Animal (Scientific Procedures Act)1986, an application should be submitted to AWERB*  *If* ***yes*** *and the procedures are not covered the Animal (Scientific Procedures Act)1986, please complete the form, Animal Welfare Ethical Approval Form. This should be requested by emailing the Research Ethics Officer, at* [*facultyrecmhls@qub.ac.uk*](mailto:facultyrecmhls@qub.ac.uk) |  |  |

**Prior to completion of this application please ensure that you have**

*i. Finalised the protocol*

*ii. Undertaken peer review in accordance with School and University procedures*

*iii. Completed any relevant Health and Safety, and/or Risk Assessment procedures*

Please indicate the type of project:

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

Postgraduate Research (PGR):

Chief Investigator (This must be a member of QUB staff. For student projects, the Supervisor should be named as the Chief 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 |
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Non-QUB co-investigators

|  |  |  |
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| Name | Institution/Company | Email Address |
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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**

**Affirmation of Existing Ethical Approval**

|  |  |
| --- | --- |
| Name of Committee granting approval | Click here to enter text. |
| 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 | Click here to enter text. |
| Principal Investigator 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 Chief Investigator / Supervisor:**

|  |  |
| --- | --- |
| I confirm that the protocol has been peer reviewed in accordance with School and University procedures and is deemed to be viable and scientifically valid  *A copy of the Peer Review(s) should be submitted with the application* |  |
| 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. |  |
|  |  |
| **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 protocol supplied. |  |
| I have consulted the appropriate Codes of Practice for my professional body. |  |

Signature of Chief Investigator/Supervisor:

(Electronic signature acceptable)

QUB Staff Number of Chief Investigator/Supervisor:

Date of Submission:

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

[facultyrecmhls@qub.ac.uk](mailto:facultyrecmhls@qub.ac.uk)

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

* Affirmation of existing Ethical Approval form
* The full Ethics Application as approved by the external QUB body should accompany this application. This should include the protocol, participant consent and information sheet.
* Copy of the Peer Review(s)

If you require any information in respect of the above application, please contact the University Research Ethics Officer, [facultyrecmhls@qub.ac.uk](mailto:facultyrecmhls@qub.ac.uk), tel 2529.