FHMS Proportionate Review Application Form

Project Title:_____

Name of person submitting application:_____

Level of research:_____

Supervisor:_____

Most studies involving human or animal participants, data or tissues collected from human or animal participants require some form of ethical scrutiny. You should, in discussion with your Supervisor, complete the Self-Assessment Check and Guidance to determine whether your study will need ethical approval, and if so which form of ethical review is required. If your study qualifies for Proportionate Review please fill in this form. Your Supervisor must countersign the form. Please provide a summary of the project, (approximately 500 words), including its principal aims and objectives with this form. This summary should also provide a clear indication that the current project has received a favourable ethical opinion (FEO) from another credible review body. In case of working on a staff project that has received a FEO from the University of Surrey Ethics Committee please indicate how your project relates to the staff project. These documents should then be submitted to the FHMS Ethics Committee fhmsethics@surrey.ac.uk . You will receive a decision on your application approximately within one week.

YOU MAY NOT COLLECT DATA BEFORE IT HAS BEEN CONFIRMED THAT ETHICAL APPROVAL IS NOT REQUIRED, OR UNTIL A FAVOURABLE ETHICAL OPINION IS OBTAINED. ALL STUDENTS MUST INCLUDE THE COMPLETED FORM IN THEIR DISSERTATION/REPORT AS AN APPENDIX.

Declarations:

I the undersigned confirm that I have read the 'Ethical Guidelines for Teaching and Research at the University of Surrey' and I am aware of the 'Code on Good Research Practice'. I understand that the project is monitored and audited by the Faculty Ethics Committee to ensure that it is carried out in accordance with good practice, legal and ethical requirements and any other guidelines.

I am also aware that any knowingly wrong answer to any of the questions below and any research misconduct reported to the Faculty Ethics Committee may lead to disciplinary measures after investigation. In case of dissertation projects, the provision of knowingly incorrect information or proven research misconduct may lead to failure to complete the dissertation project.

Investigator: _____ _____

Date Signature

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1.	**Does your study involve animals or their data?**	Yes ☐	No ☐
2.	**Does the study require review by an NHS Research Ethics Committee?**	Yes ☐	No ☐
3.	**Research Participants**		
a.	Is the research proposal to be carried out by persons unconnected with the University, but wishing to use staff and/or students as participants?	Yes ☐	No ☐
b.	Does the study involve prisoners or young offenders?	Yes ☐	No ☐
c.	Does the study involve children under 16 years or other vulnerable groups such as those 16 and over who may feel under pressure to take part due to their connection with the researcher?	Yes ☐	No ☐
d.	Do you plan to provide financial payments or payments in kind to participants above reimbursement for travel or out of pocket expenses, provision of refreshments or entry into a low-value prize draw, or could the compensation amount to an hourly rate more than the minimum wage or more than £100 in total, or do you otherwise plan to offer incentives which may unduly influence participants' decision to participate?	Yes ☐	No ☐
e.	Are you investigating existing working or professional practices among participants, identifiable to yourself as the researcher at the University of Surrey?	Yes ☐	No ☐
4.	**Research Protocol**		
a.	Does the study involve any risk to a participant's health or well-being (for example intrusive physiological or psychological procedures)?	Yes ☐	No ☐
b.	Does the study involve the use of surveys, questionnaires and any research, the nature of which might be offensive, distressing or deeply personal for the particular target group, even if the individuals are not identifiable?	Yes ☐	No ☐
c.	Does the research involve the new collection or donation of human tissue from a living person or the recently deceased according to the Human Tissue Authority ?	Yes ☐	No ☐
d.	Does the study involve any of the following? • Previously collected human tissue or data where consent for use in research has not been given, or the proposed research is not within the terms of consent? e.g. different types of analyses are carried out or for different aims than the participant initially gave consent for • Previously collected human tissue or data where samples will be held on premises in England, Wales or Northern Ireland without a license from the Human Tissue Authority to store relevant material for scheduled purposes? • Previously collected human tissue or data where the study also involves the removal, storage or use of new samples from the living or deceased?	Yes ☐	No ☐
e.	Does the research require participants to take part in the study without their knowledge and/or consent at the time (e.g. covert observations, emergency research)?	Yes ☐	No ☐
f.	Does the research involve deception other than withholding information about the aims of the research until the debriefing?	Yes ☐	No ☐
g.	Does the research involve activities where the safety/ wellbeing of the researcher may be in question?	Yes ☐	No ☐

h. Could the behavioural/physiological intervention possibly lead to discovery of ill health or concerns about wellbeing in a participant incidentally even if the intervention in itself causes no more than minimal stress is to the research participant? Yes ☐ No ☐

5. Data Protection

a. Are you planning to access records of and/or collect personal confidential data concerning identifiable individuals as defined by the UK Data Protection Act 1998? Yes ☐ No ☐

b. Are you linking or sharing personal data or confidential information beyond the initial consent given (including linked data gathered outside of the UK)? Yes ☐ No ☐

c. Will you collect or access audio/video recordings, photographs or quotations within which participants may be identifiable and with the intention to disseminate those beyond the research team? Yes ☐ No ☐

Investigator: _____ _____
Date Signature

Supervisor's approval of the above assessment: Yes ☐ No ☐ _____ _____
Date Signature

Please provide below a 500 word summary to support your application: