**Faculty of Science & Engineering**

**Research Ethics Committee**

**- Expedited Ethics Form -**

Thank you for engaging with the Faculty of Science & Engineering Research Ethics application process. Please read the following in full before proceeding with your application:

Please note that all Health Research oversight on behalf of the University of Limerick is undertaken by the Health Research Oversight Committee (HROC). The HROC First Contact Questionnaire can be found [here](https://forms.office.com/Pages/ResponsePage.aspx?id=JLmEALQ6FkGSUZk59pXlTECxU8d8W_1AnoykwAUcHxpUNTdBTDdPOTNIQlVISk0zWEVTR1NFSTVBVy4u). The HROC reports to the University Research Committee (URC), chaired by the VPR. If you are conducting health research, you must engage with the HROC prior to or in parallel with submitting this application. For more information, please see the [UL Health Research Policy](https://www.ul.ie/media/44058/download?inline).

If this study involves patients or staff from a clinical, hospital, or GP setting then you **MUST** apply to the relevant Ethics Committee where the patients or staff are based (for example, if you are working with patients in UHL, you will need HSE ethics approval).

If this is a **new application**, please proceed to **Section B**

If this is an **existing application** which requires clarification, please proceed to **Section A**

**This form must be typed.**

**Supervisor/Principal Investigator Declaration**

I, the undersigned, hereby declare that this submission is entirely the work of my own and my research team (i.e. students, collaborating staff, etc.). I understand the ethical implications of my research and this work meets, to the best of my knowledge, the requirements of the Faculty of Science & Engineering Research Ethics Committee. I confirm that I have reviewed this application and agree to its submission for review.

|  |  |  |
| --- | --- | --- |
| Supervisor/ Principal Investigator\*: | PLEASE TYPE YOUR NAME HERE OR PASTE AN IMAGE OF YOUR SIGNATURE. | Date:Click or tap to enter a date. |

SECTION A

Please ensure Track Changes is enabled (*in the Review tab above*) before addressing the below clarifications

Clarifications:

|  |
| --- |
|  |

Responses:

Please use this section to address all current and future clarifications.

|  |  |
| --- | --- |
| Application No.:APPLICATION NO. | Application title:APPLICATION TITLE |
| No. | Clarification required | Reviewer 1 comments | Reviewer 2 comments | Supervisor response |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 | *Add rows as necessary* |  |  |  |

SECTION B

**Click the arrowheads ► below to expand each section**

**Remove all comments before submitting to** **Johanna.Griffin@ul.ie**

**Blue shade**: SUPERVISOR must complete **Orange shade**: APPLICANT must complete

1. Supervisor and Applicant Details

|  |  |
| --- | --- |
| Supervisor name (i.e. Principal Investigator): |  |
| Supervisor email: |  |
| Applicant name:  |  |
| ID number (*if applicable*): |  |
| Email address (*UL only*): |  |
| FYP, MSc, PhD Dissertation, or Publication (*include Programme of Study here*): |  |
| Working title of study: |  |
| Period for which approval is sought:  | S**tart Date:** Date of approval **End date**: Click or tap to enter a date. |
| List co-investigators (*if applicable*) |  |
| List co-investigators’ sites (*if not UL affiliated*) |  |

1. **Human Participants in the Study**

|  |  |
| --- | --- |
| Does the research proposal or study involve: | Please click if appropriate |
| Working with vulnerable person?  |[ ]
| Any person under the age of 18? |[ ]
| Adult patients?  |[ ]
| Staff within a clinical setting (*i.e., HSE staff*) |[ ]
| Adults with psychological impairments? |[ ]
| Adults with learning difficulties? |[ ]
| Relatives of ill people (e.g., parents of sick children) |[ ]
| Adults under the protection/control/influence of others (*e.g., in care/prison*)? |[ ]
| People who may only have a basic knowledge of English? |[ ]
| Hospital or GP patients (*or HSE members of staff*) recruited in medical facility  |[ ]

1. **Subject Matter of the Study**

|  |  |
| --- | --- |
| Does the research proposal or study involve: | Please click if appropriate |
| * Sensitive personal issues? (e.g., suicide, bereavement, gender identity, sexuality, fertility, abortion, gambling)?
 |[ ]
| * Illegal activities, illicit drug taking, substance abuse or the self-reporting of criminal behaviour?
 |[ ]
| * Any act that might diminish self-respect or cause shame, embarrassment or regret?
 |[ ]
| * Research into politically and/or racially/ethnically and/or commercially sensitive areas?
 |[ ]
| * Research that may have dual use or military implications or be subject to export controls.
 |[ ]

1. **Procedures in the Study**

|  |  |
| --- | --- |
| * Does the research proposal or study involve:
 | Please click if appropriate |
| * Use of personal records without consent?
 |[ ]
| * Deception of participants?
 |[ ]
| * The offer of large inducements to participate?
 |[ ]
| * Audio or visual recording without consent?
 |[ ]
| * Invasive physical interventions or treatments?
 |[ ]
| * Research that might put researchers or participants at risk?
 |[ ]
| * Storage of data for less than 7 years?
 |[ ]

If you have ticked any of the boxes in sections 2 to 4 above, you will need to fill in the S&E full application form and submit to the Faculty Ethics Committee for review. However, if the research is to be conducted **during or after/associated with School Placement**, and within the Department of Education subject syllabus outline, and provided the student has the permission of the class teacher and the school principal and that parent/guardians consent to participation, this expedited form can also be used. A Child Protection form, signed by all researchers involved, must be included in the application. Please note that if the Faculty Ethics Committee deems it necessary you may be asked to fill in the full application form.

Please note that only a signed digital copy of this FREC form is required for the Faculty Ethics Committee. You can get more information and download the forms needed at this address: <https://www.ul.ie/scieng/scieng-research/research-ethics> or [www.ul.ie/researchethics/](http://www.ul.ie/researchethics/)

**NB:** If you ticked the last bullet point in section 2 then you will need to apply to the local HSE ethics committee not the FREC.

**4.1 Research Ethics Checkpoint**

|  |  |  |
| --- | --- | --- |
| Have you ticked any boxes in **Sections 2 to 4** above? | [ ] YES | [ ] NO |

If you have ticked any of the boxes in sections 2 to 4, please **stop and use the FULL ethics form** on the website.

If you have NOT ticked any of the boxes above, please **continue to section 5 below**.

**Note:** Submitting the incorrect form will lead to a delay to research ethics application approval.

1. Research Project Information

|  |  |
| --- | --- |
| 5a | Overview of the Research ProjectFor each box you tick you must provide a separate INFO SHEET and CONSENT SHEET. |
|

|  |  |
| --- | --- |
| 1. What are you seeking ethical approval for? Tick all that apply
 | Please tick if appropriate |
| **Survey** – Physical (on UL campus) |[ ]
| **Survey** – Physical (off UL campus) |[ ]
| **Survey** – Online (provide link below in part ii) |[ ]
| **Interview** – Physical (on UL campus) |[ ]
| **Interview** – Physical (off UL campus) |[ ]
| **Interview** – Online (provide link below in part ii) |[ ]
| **Workshop** – Physical (on UL campus) |[ ]
| **Workshop** – Physical (off UL campus) |[ ]
| **Workshop** – Online (provide link below in part ii) |[ ]
| **Prototype Testing** – Physical (on UL campus) |[ ]
| **Prototype Testing** – Physical (off UL campus) |[ ]
| **Prototype Testing** – Online (provide link below in part ii) |[ ]
| Biological Sample Acquisition – blood, urine, tissue etc.  |[ ]
| **Data Acquisition –** personal data collection |[ ]
| **Field Testing –** onsite testing of a product |[ ]
| **OTHER –** please detail what this is below in part ii. |[ ]

1. Give an overview of the research project (Mandatory to fill – 300 words maximum)

Following on from part i above, give details of what you and the participant will be doing for this study, e.g., interview, online survey, workshop, prototype testing. Please avoid long descriptions of the motivation or background of the study. Please define or avoid the use of abbreviations or acronyms. The committee only require a description of why you are doing the study, what you will be doing, what you require of the participant and what you want to participant to do. **EXAMPLE** (remove all comments before submission)TYPE YOUR RESPONSE HERE  |

|  |  |
| --- | --- |
| 5b | Data Recording1. Will the participants be recorded? Yes [ ]  No [ ]
2. If YES in (i), will the recordings be Video [ ]  and/or Audio [ ]
3. If YES in (i), please explain why video and/or audio recording is required:

Audio recording must be destroyed after transcription, please state this. If video recording, please state what will be recorded below – participants face, or just hands/gestures. If a person’s identity/face is required, then a justification is necessary. TYPE YOUR RESPONSE HERE  |
| **REMEMBER**: If there are no recordings, please remove the required sentence from the consent form below. |

|  |  |
| --- | --- |
| 5c | 1. Will a prototype be developed? Yes [ ]  No [ ]  *Please tick appropriate box*
 |
| 1. If YES in (i), could the prototype be any of the following*? Please tick all that apply*

Service/Framework [ ]  Digital UI/App [ ]  Physical artifact [ ]  |
| 1. If YES in ANY box in (i), please clarify the rationale behind your choice, describing what format the prototype takes, what it does, and how it will be used and assessed (Max. 100 words)

TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| 5d | How many participants will be involved?Please state the minimum number of participants needed for this study and the ideal maximum number of participants. We encourage that you think of realistic numbers for your study because this gives the committee an understanding of the size of your study. Please give the minimum and maximum number of participants for each phase of the study. **EXAMPLE** (remove all comments before submission)Phase 1 Study – e.g. Survey**Minimum** **[**     **]****Maximum [**     **]**Justification (Max. 50 words): TYPE YOUR RESPONSE HERE |
|  |
| 5e | How do you plan to gain access to /contact/approach potential participants? This section is important to fill out and include specific detail – most delays in ethics applications are based on this section not being filled out correctly. There are 2 things that you need to demonstrate in this section (please review the comment provided on the side)**.** **MORE DETAIL** (remove all comments before submission)  |
| TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 5f | What are the criteria for including and/or excluding individuals from the study?Who would you like to participate in your study? Please state that the minimum age is 18 years of over (there is no need for an upper age limit unless your study requires it). Please detail what requirements you have for including or excluding a participant (e.g., they may need to have experience in a certain software or field of work).**EXAMPLE** (remove all comments before submission)**Inclusion Criteria**: TYPE YOUR RESPONSE HERE**Exclusion Criteria**: TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| 5g | Participation Exception1. Have arrangements been made to accommodate individuals who do not wish to participate in the research?

Yes [ ]  No [ ]  N/A [ ] *Please click appropriate box*This mainly relates to research taking place in a classroom (e.g. asking University students physically in a lecture/tutorial) setting, please tick N/A if your research is not taking place in a classroom or module.1. If Yes, please state what these arrangements are:

TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 5h | Can you identify any particular vulnerability of your participants other than those mentioned in section 2? Please review Section 2 of this form before completing. This will be based on the type of questions you could be asking the participants**.** **EXAMPLE** (remove all comments before submission)TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| 5i | Where will the study take place? Please ensure that it is based in UL (where possible). Please state where in UL (or otherwise) it is taking place. **MORE DETAIL** (remove all comments before submission)TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| 5j | What arrangements have you made for anonymity and confidentiality? How will participants be referenced in the final report? Please ensure a code is used. A participant’s right to anonymity is paramount, therefore, we ask that you ensure that there is no way their answers and personal information could be traced back to them. **EXAMPLE** (remove all comments before submission)TYPE YOUR RESPONSE HERE |
|  |

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| --- | --- |
| 5k | What are the physical safety issues (if any) arising from this study, and how will you deal with them?How will the participants’ safety be guaranteed in studies where there is an activity or intervention?Section 5h deals with the content of what is being asked, whereas this section is based on whether there are any physical health and safety concerns based on the location, activity, and/or exercise you are requesting. **EXAMPLE** (remove all comments before submission)TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| 5l | Data Storage AFTER project completion.All data must be stored for 7 years following completion of the project. **This question does NOT relate to where the data is stored DURING the project.** However, storage of data on USB is not allowed at any time; please have data on a UL encrypted and password protected computer. We encourage online methods of data transfer, instead of USB (thumb drive) devices. 1. Soft Copy/Online

**Please confirm how and where the data will be stored on a computer/online after project completion, AND who can access it, AND how it can be accessed.**Information must **NOT** be stored on applicant’s PC or on a USB/external hard drive. Computer must be a UL encrypted and password protected device. Cloud storage is preferred and, must be UL’s OneDrive system only.TYPE YOUR RESPONSE HERE1. Hard Copy/Physical

**Where will the physical versions or copies of the data (if any) be stored (room number) after the project/study has finished? (e.g., thesis, physical paper data etc).**This should be the **supervisors’ or study lead’s room number**. They take responsibility of the data. Again, the student or co-investigator cannot store the data after project/study completion. TYPE YOUR RESPONSE HERE |
|  |

Read all 3 sections below and sign

|  |  |
| --- | --- |
| 5m | Insurance CoverInsurance cover is required for all research carried out by UL employees. Principal Investigators/Supervisors should carefully view the University’s ‘Guidelines on Insurance Cover for Research’ document and the University’s Insurance cover to ascertain if their proposed research is covered. These documents are available at [www.ul.ie/insurance](http://www.ul.ie/insurance). Where any query arises about whether or not proposed research is covered by insurance, the Principal Investigator/Supervisor must contact the University’s Insurance Administrator at cliona.donnellan@ul.ie to confirm that the required level of insurance cover is in place.Please indicate by way of signature that the research project is covered by UL’s insurance policies. |
| 5n | Research Privacy Notice The Research Privacy Notice must be provided to all participants. It is the responsibility of the Principal Investigator to make sure that it has been completed correctly. This form will not be reviewed by the S&E Research Ethics Committee. Please indicate by way of signature that the Research Privacy Notice form has been completed. |
| 5o | University of Limerick PoliciesThere are a number of policies that are relevant when carrying out a Research Project that requires ethical approval and data handling in the University of Limerick. The relevant policies are as follows:[Health Research Policy](https://www.ul.ie/media/21273/download?inline) (if applicable)[Data Protection Policy](https://www.ul.ie/media/8674/download?inline) [Research Integrity Policy](https://www.ul.ie/media/8679/download?inline)[ITD – Acceptable Usage Policy](https://www.ul.ie/media/8718/download?inline) (relating to software use) |
|  | Please sign below that you have read and agree with sections 5m, 5n and 5o:PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE.Date: Click or tap to enter a date. |

1. **Submitted Documents with Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6a | Documents providedPlease attach the relevant information documents and complete the following checklist to indicate which documents are included with your application by ticking the box ☑. **All documents highlighted in bold are mandatory.**

|  |
| --- |
| Documents for all studies |
| 1. Cover Letter or Study Brochure

Typically, only for larger funded studies |[ ]
| 1. **Recruitment letters, e-mails, social media text etc.\***

If you have multiple ways of contacting participants, please submit separate messages for each (Section 12b) |[ ]
| 1. **Participant Information Sheet\***
 |[ ]
| 1. **Participant Informed Consent Form\*\***
 |[ ]
| 1. Online link to Info Sheet & Consent Form (Section 6b)

For an online survey or interview only\*\*\* |[ ]
| 1. List of Survey/Interview Questions attached (Section 6b)

For a physical or online survey |[ ]
| 1. Online survey/interview links (Section 6b)

Microsoft Forms or Qualtrics are preferred\*\*\* |[ ]
| Documents for classroom-based studies only (Teaching Practice ONLY) |
| 1. **Parent/Guardian Information Sheet\***
 |[ ]
| 1. **Parent/Guardian Informed Consent Form\***
 |[ ]
| 1. **School Principal Information Sheet\***
 |[ ]
| 1. **School Principal Informed Consent Form\***
 |[ ]
| 1. **Teacher Information Sheet\***
 |[ ]
| 1. **Teacher Consent Form\***
 |[ ]
| 1. Child Protection Form

Must be included if dealing with <18 year olds |[ ]

 |
| \*If you use multiple methods to contact participants as stated in **section 5e** (such as using both emails and social media), you will need to submit **multiple recruitment messages** for each of the recruitment methods you specify.\*\*If your study has different parts/phases (e.g. a survey and an interview) then **separate ‘Information Sheets’ and ‘Consent Forms’** must be provided for each part/phase.\*\*\*All online surveys and interview consent forms **MUST** be gated. When a participant opens the link you send them as part of the recruitment message to engage with the research, they must first be brought to an online version of the information sheet, followed by the consent question with a **mandatory tick box** indicating they **consent to taking part in the study**. Only when a participant clicks 'Yes' to participate should they then progress to the survey or link to interview.If you have ticked any of the boxes above, please provide the relevant document with this application. Please ensure all **additional documents** are included with this application. Failure to provide the necessary documentation will delay application approval.These should be attached as a **single document** and included in the e-mail submission. |

|  |  |
| --- | --- |
| 6b | Questions askedIf you have ticked yes to a survey and/or interview, then please paste your questions here for review, **regardless of whether it is online or a physical survey/interview**. We ask that you still provide a link to the survey as well (if online).If there is a survey and interview, please provide them in the separate boxes below |
| **Link to survey questions (if applicable), including gated consent form:** PASTE LINK HERE |
| **Survey questions** (paste your survey questions here, including multiple choice answers, rankings, etc.) |
| **Link to interview information sheet and consent form (if online):**PASTE LINK HERE |
| **Interview questions/prompts** (paste your interview questions/prompts here): |
|  | **Recruitment message(s)**Please submit a separate recruitment message per recruitment methodTYPE YOUR RESPONSE HERE |
|  |  |

1. **Declaration**

The information in this form is accurate to the best of my knowledge and belief, and I take full responsibility for it. I undertake to abide by the guidelines outlined in the UL Research Ethics Committee guidelines [http://www.ul.ie/researchethics/](http://www.ul.ie/researchethics)

I undertake to inform Science and Engineering Ethics Committee of any changes to the study from those detailed in this application.

|  |  |  |
| --- | --- | --- |
| Applicant: |  PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE.  | Date:**­­­­­­­­­­­­­**Click or tap to enter a date. |
| Principal Investigator\*: | PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE. | Date:Click or tap to enter a date. |

\*In the case where the Principal Investigator is not a permanent employee of the University, the relevant Head of Department must sign this declaration in their place.

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You should email this form with signatures and the additional information (e.g. participant information sheet, consent form etc) as a single pdf file to sciengethics@ul.ie and johanna.griffin@ul.ie

This form must be submitted by the **PI** of the study **only**.

**Approval must be granted** before the study can begin.

1. **Research Privacy Notice**

***Note for PI when completing this Privacy Notice Template:***

*You should first read the Guidance on the Research Privacy Notice*

*Please review all prompts marked in yellow and populate so that they accurately reflect the proposed research project to go before the REC.*

*Material which is italicised in the template below is mandatory for inclusion, and the wording should not be changed or deleted.*

* *Once the Research Privacy Notice template has been populated,* ***please delete this greyed comment box******and any remaining orange/blue prompts****. Include your edited Research Privacy Notice as an attachment with your Research Ethics Approval submission to the REC.*

Introduction

This Research Privacy Notice governs the use and storage of your personal data by the University of Limerick (the “University”). The processing of this data is carried out in accordance with the General Data Protection Regulation (GDPR) / Data Protection Acts 1988-2018 (“Data Protection Law”) and in accordance with this Research Privacy Notice.

Any personal data which you provide to the University as part of this research project will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection Law. This Notice sets out details of the information that we collect, how we process it and who we share it with. It also explains your rights under data protection law in relation to our processing of your data.

**1. Title and Purpose of the research project**

* 1. [Insert Title and summary details of the proposed research project]

**2. Research Ethics Committee**

2.1 Ethical approval was granted by the Faculty of Science & Engineering Research Ethics Committee on [**insert approval date once available**]. The research ethics approval number is [**include REC reference number**].

**3. Identity of the Data Controller(s)**

3.1 The Data Controller/Joint Controllers/Independent Controller is/are [**delete as appropriate**]:

* University of Limerick, Plassey, Limerick.
* add name & address of other Joint/Independent Controllers here [**delete as appropriate**] (if relevant, otherwise delete this line in full)

**4. Identity and Contact Details of the Data Protection Officer of the Data Controller(s)/**

4.1 You can contact the University of Limerick’s Data Protection Officer at dataprotection@ul.ie or by writing to Data Protection Officer, Room A1-073, University of Limerick, Limerick.

[If relevant, insert Data Protection Officer contact details of other Joint/Independent Data Controllers here.]

**5. The Identity of the Principal Investigator**

5.1 The Principal Investigator for this Research Project is [insert name, Department/Faculty affiliation and position within the University of Limerick].

**6. How we will use your personal data**

6.1 The University must process your personal data in order to undertake research relating to this project/study. [Explain how you will be collecting data for the research i.e. directly from the participant, from another organisation, from medical records etc. Explain what the personal data will be used for e.g. to understand the impact of X on Y, to provide better services etc.]

6.2 The personal data collected and used in this research will include: [specify the types of personal data to be collected/recorded here if you have not already done so in the PIL. Otherwise state that the PIL sets out the types of personal data to be collected and used in this research.]

6.3 You provide us with your personal data to enable us to undertake the research project. Participation in this research project is voluntary, and participants may withdraw without giving any reason. Should you wish to withdraw, you may do so by contacting the Principal Investigator at [insert email] or in writing to [insert address].

**7. Lawful Basis for University Processing Personal Data**

7.1 Data Protection Law requires that the University must have a valid legal reason to process and use your personal data. This is often called a ‘lawful basis’. GDPR requires us to be explicit with you about the lawful basis upon which we rely in order to process information about you.

7.2 The University is carrying out this research in the public interest and for scientific, historical or statistical purposes. In doing so, we are relying on Article 6(1)(e) of the GDPR. Where we are processing special category or sensitive personal data, we are relying on Article 9(2)(j) of GDPR. As required under Data Protection Law, we have appropriate safeguards in place in order to protect your personal data; these are set out in the next section.

**8. Protecting Your Personal Data**

*8.1 We have the following measures in place to help ensure we keep your personal data safe:*

* + All researchers at the University must adhere to University policies and procedures that tell our staff and students how to collect and use your information safely;
	+ Training is made available to all researchers to ensure our staff and students understand the importance of data protection and how to protect your personal data;
	+ The University has security arrangements and technical measures in place that ensure your information is stored safely and securely;
	+ All research projects involving personal data are reviewed and approved by a research ethics committee in line with University policies and procedures;
	+ Where a research project may involve a high risk, we first carry out a data protection impact assessment to assess risks and ensure adequate safeguards are in place;
	+ Where your personal data is processed for health research, we will always obtain your explicit consent in advance (in line with the Health Research Regulations 2018).

8.2 Personal data collected for this research project will be pseudonymised within [INSERT time] after collection and will be fully anonymised within/after 12 months. [edit as required]. Truly anonymised data is not Personal Data. Once data is anonymised for the purposes of this research project, the terms of this Privacy Notice will no longer apply.

**9. Sharing Your Personal Data with Third Parties**

[Please select either 9.1 or 9.2 (delete one). If 9.2 applies, please insert details as set out below]

9.1 The University will not disclose your personal data to third parties. [Anonymous data may be shared with third parties. In this situation, you will not be identifiable from any data we share with the third party.]

OR

9.2 The University will disclose your personal data to external third parties where such disclosure is necessary for the research project. Either “These third parties are set out in the Participant Information Leaflet.” OR [We will share your personal data with the following:

[Name ]: [purpose]

We require that third parties only use or disclose such Personal Data as necessary to provide the requested services to us and in a manner consistent with the use and disclosure provisions of this Privacy Notice and Data Protection Law. Third parties that receive Personal Data from us must satisfy us as to the measures taken to protect the Personal Data such parties receive.

**10. Transfer of personal data to Other Countries Outside the EEA**

[PI may delete this section 10 in full if no transfer of personal data outside of the EEA as part of the research project takes place]

10.1 In some instances, your personal data will be shared with third parties outside of the European Economic Area (EEA). The countries to which we transfer personal data and the reasons for the transfer are set out in the Participant Information Leaflet.

10.2. Where we transfer your personal data outside the EEA, we will ensure that we have appropriate arrangements in place to safeguard your personal data. These could include one or more of the following:

* The Data Protection Commission permits the transfer to the non-EEA country or organisation.
* The Data Protection Commission has approved the kind of transfer i.e. under EU/US Privacy Shield, Binding Corporate Rules or Standard Contractual Clauses
* The country is listed by the European Commission as safe.

**11. How long we will keep your data**

11.1 All Personal Data collected for this research project will be retained for [state retention period].

**12. Your rights**

12.1 Depending on the lawful basis which we rely on to process your Personal Data, you may have the right to request that we:

* provide you with information as to whether we process your data and details relating to our processing, and with a copy of your personal data;
* rectify any inaccurate data we might have about your without undue delay;
* complete any incomplete information about you;
* under certain circumstances, erase your Personal Data without undue delay;
* under certain circumstances, be restricted from processing your data;
* under certain circumstances, furnish you with the Personal Data which you provided us within a structured, commonly used and machine readable format;

12.2 Requests for any of the above should be addressed by email to the Principal Investigator at [INSERT EMAIL] AND the Data Protection Officer at *dataprotection@ul.ie*. Your request will be processed within 30 days of receipt. Please note, however, it may not be possible to facilitate all requests, for example, where the University is required by law to collect and process certain personal data including that personal information that is required of any research participant.

12.3 It is your responsibility to let the Principal Investigator know if your contact details change.

**13. Queries, Contacts, Right of Complaint**

13.1 Further information on Data Protection at the University of Limerick may be viewed at [*www.ul.ie/dataprotection*](http://www.ul.ie/dataprotection). You can contact the Data Protection Officer at *dataprotection@ul.ie* or by writing to Data Protection Officer, Room A1-073, University of Limerick, Limerick.

13.2 You have a right to lodge a complaint with the Office of the Data Protection Commissioner (Supervisory Authority). While we recommend that you raise any concerns or queries with us first at the following email address [insert PI’s email address], you may contact that Office at *info@dataprotection.ie* or by writing to the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28.

1. **Templates – Information Sheet and Consent Form**

Please ensure that you include all required information as per the templates below.

For the online **survey** information sheet and gated consent form template, please click [here](https://forms.office.com/Pages/ShareFormPage.aspx?id=JLmEALQ6FkGSUZk59pXlTNWnmCBgjS9Pmfya8N1C2SBUQzZXM1hUUU9JUlg4TVozTTk3WUJSRDY3TC4u&sharetoken=K1vOUVAb2rYwxQvAc9e8).

For the online **interview** information sheet and gated consent form template, please click [here](https://forms.office.com/Pages/ShareFormPage.aspx?id=JLmEALQ6FkGSUZk59pXlTNWnmCBgjS9Pmfya8N1C2SBUMDVaOUZUT0cwSFlNWVNXWDJWMkRXREc2Sy4u&sharetoken=UXRei89kIwq8ixpY3ib4).

For printable templates, please scroll down to the following pages.

Information Sheet

Phase 1 - Survey

Dear Participant,

My name is ???? and I am currently undertaking a ?Final Year Project/Master’s Thesis/PhD? at the University of Limerick under the supervision of ?Dr or Prof.?. The title of my proposed research is ??? The purpose of this project is to ????

Give a brief description and methods being used, for example interview/group discussion etc. The description should briefly explain what a participant will be asked to do, focus on what information is pertinent to make a decision on whether they would like to participate or not. Avoid detailed background or literature.

Participants should be informed of any risks involved in the study, arrangements for confidentiality, and how the information collected will be used. Participants should also be informed if they are to be audio/video recorded. It should be stated that recordings will be destroyed once they have been transcribed. Also, inform them of the length of time required for their participation.

**EXAMPLE**

*There are two further phases to this project, and I would be grateful if you could indicate, on the consent form, whether you would be willing to be contacted further about this project. Phase 2 involves a co-design workshop and Phase 3 involves testing and evaluating a prototype.*

Your participation is voluntary, and you have the right to withdraw at any time. To participate in this study, you must be over 18 years of age.

If you have further questions regarding this research, please feel free to get in touch with either myself or my supervisor using the email addresses listed below.

If you have concerns about this study and wish to contact someone independent, you may contact: The Chair, Faculty of Science & Engineering Research Ethics Committee, University of Limerick, Limerick. Tel: 061 237719

Yours sincerely,

|  |  |
| --- | --- |
| Applicant Name, Email address UL email only, no mobile number | Supervisor Name, Department, Telephone Number Email address |

Ethical Consent Form

I, the undersigned, declare that I am willing to take part in research for the project entitled:

“INSERT Name of Research Project”.

* I declare that I have been fully briefed on the nature of this study and my role in it and have been given the opportunity to ask questions before agreeing to participate.
* The nature of my participation has been explained to me, and I have full knowledge of how the information collected will be used.
* I am aware that my participation in this study will be audio/video recorded, and I agree to this. However, should I feel uncomfortable at any time, I can request that the recording software be switched off.
* I am aware that such information may also be used in future academic presentations and publications about this study.
* I fully understand that there is no obligation on me to participate in this study.
* I fully understand that I am free to withdraw my participation without having to explain or give a reason, up to a period of two weeks after the data collection is completed.
* I know that I have been asked not to discuss the content of the focus group discussion, or the identity of its participants with anyone.
* I acknowledge that while the researcher has asked all focus groups participants to maintain confidentiality in the above manner, the researcher cannot guarantee that individual participants will adhere to this request.
* I acknowledge that the researcher does guarantee that they will not use my name or any other information, that would identify me in any outputs of the research.
* I declare that I am over 18 years of age.
* I declare that I have read and fully understand the contents of the Research Privacy Notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of Investigator Date

|  |  |
| --- | --- |
| **Consent to Contact about Similar Future Research** By **ticking the box**, I explicitly consent to the University of Limerick contacting me as part of current or similar future research and holding my contact details on a database for the purpose of contacting me. | [ ]  |