**Faculty of Science & Engineering**

**Research Ethics Committee**

**- Full 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).

There 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)

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. | Supervisor response  | Reviewer 1 comments | Reviewer 2 comments |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 | *Add rows as necessary* |  |  |

SECTION B

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

**Please submit your completed application to** **sciengethics@ul.ie** **and** **Johanna.Griffin@ul.ie****.**

**Remove all comments prior to submission.**

**Supervisor and Other Investigator details**

|  |  |
| --- | --- |
| 1 | Research project information |
| Title |  |
| Project type (FYP, Master’s, PhD, etc) |  |
| Period for which approval is sought:  | **Start date:** Date of approval **End date**: Click or tap to enter a date. |
| 2 | Principal Investigator (Supervisor) details |
| Name |  |
| Department |  |
| Position |  |
| Qualification(s) |  |
| Telephone no. |  |
| Email address: |  |
| 3 | Other investigator(s) details |
| Name |  |
| Qualifications and affiliation |  |
| Telephone no. |  |
| Email address (*UL only*): |  |
| 4 | Head of Department(s) |
| Name |  |
| Department |  |
| Date |  |
| Signature | PLEASE TYPE YOUR NAME HERE OR PASTE AN IMAGE OF YOUR SIGNATURE. |

**Study Descriptors**

|  |  |
| --- | --- |
| 5 | Please indicate the terms that apply to this project by ticking the boxes below: |
|  | Healthy Adults |[ ]  Healthy Children (< 18 yrs) |[ ]
|  | Patient Adults\* |[ ]  Patient Children (< 18 yrs) |[ ]
|  | ‘Potentially Vulnerable’ Adults |[ ]  ‘Potentially Vulnerable’ Children |[ ]
|  | Physical Activity |[ ]  Questionnaire/Interview |[ ]
|  | Medical Devices / Drugs |[ ]  Video Recording/Photography |[ ]
|  | Food/Drink Supplementation |[ ]  Collection of Personal Details |[ ]
|  | Measure Physical in Nature |[ ]  Measure Psychological in Nature |[ ]
|  | Body Tissue Samples |[ ]  Observational |[ ]
|  | Body Fluids Samples (e.g. blood) |[ ]  Record Based |[ ]
|  | Production or use of dual-use items\*\* |[ ]  Other: PLEASE SPECIFY |[ ]

\*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).

\*\* Where the proposed contract contains Exports Controls legislation and provisions/dual use items, advice **MUST** be sought from the Legal Services Unit. Please click [here](https://www.ul.ie/sites/default/files/2024-03/ExportControl_ICP_Final%20Rev%202.pdf) for more information regarding Export Controls and Dual use items.

**Project Information**

|  |  |
| --- | --- |
| 6a | Research project justification (300 words max):Please include references to published work where required.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6b | Project rationale, i.e, the hypothesis being tested or questions to be answered (300 words max):Please include references to published work where required.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6c | Investigation plan (300 words max):Please give a detailed description of the research methods to be used, including logistical considerations of the participants.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6d | Data RecordingIf there are no recordings, please remove the required sentence from the consent form template.1. 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  |

|  |  |
| --- | --- |
| 6e | 1. Will a prototype be developed? Yes [ ]  No [ ]
 |
| 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. 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. 200 words)

TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6f | Research procedures (300 words max):Please give a detailed description of the research procedures for the study, in chronological order. Separate different phases of your research using the headings Phase 1, Phase 2, etc.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6g | Associated risks to participants (300 words max):Please give a detailed description of the potential risks to subjects regarding their physical or mental wellbeing, or if there is potential for embarrassment or discussion of sensitive topics. Please also detail how you intend to mitigate these risks to participants, or the controls in place to protect them.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6h | Data analysis approach (qualitative, quantitative, etc.) (300 words max):Please give a detailed description of the approaches used to analyse the data. If using statistics, please give a rationale and detail the source of any statistical advice.TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| 6i | Location(s) of study (300 words max):Please give a detailed description of all locations required for this study. Prioritise UL as the primary location, if possible. Ensure you state the office number, room number, and address of every location stated.TYPE YOUR RESPONSE HERE |

# Participant Information

|  |  |
| --- | --- |
| **7a** | **How will potential participants be sourced and identified?** *Please include specific details regarding participant identification and recruitment. Most delays in ethics approval are the result of this section not being filled out correctly. Ensure you provide confirmation that you have permission to contact potential participants, and that there is no risk for coercion. Please review the comment provided for more information****.*** **MORE DETAIL** (remove all comments before submission)  |
| TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| **7b** | **How will participants be recruited?***Please detail how you plan to reach out to potential participants (email, social media, advertisement, printed poster, etc.). Ensure you attach all recruitment messages (one per recruitment avenue) and advertisement posters when submitting this application.* TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| **7c** | **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. If participant gender is significant for your research, please indicate why.***EXAMPLE** (remove all comments before submission)Phase 1 Study – e.g. Survey**Minimum** **[**     **]****Maximum [**     **]**Justification (Max. 50 words): TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| **7d** | **What are the principal participant inclusion criteria?** *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 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 |
|  |

|  |  |
| --- | --- |
| **7e** | **What are the principal participant exclusion criteria?** *Please detail what requirements you have for excluding a participant.***EXAMPLE** (remove all comments before submission)**Exclusion Criteria**: TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **7f** | **What is the expected duration of participation for participants?** *Please detail what the expected time commitments will be for your participants. If you are using multiple research phases (survey, focus group, workshop), please state the expected duration for each.*TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **7g** | What is the potential for pain, discomfort, embarrassment, lifestyle changes for participants?*If you are conducting research on a potentially sensitive topic, require participants to engage with a prototype, require physical exertion, please detail this here. Ensure you detail how you will mitigate risks for the participant or provide access to support services.*TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **7h** | What arrangements have been made for participants who may not adequately understand verbal explanations or written information in English?TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **7i** | Participation Exception*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. Have arrangements been made to accommodate individuals who do not wish to participate in the research?

Yes [ ]  No [ ]  N/A [ ] *Please click appropriate box*1. If Yes, please state what these arrangements are:

TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| **7j** | **Remuneration, payments, or incentives**1. Will participants receive any payments or incentives, or reimbursement of expenses for taking part in this research project?

Yes [ ]  No [ ]  N/A [ ] *Please click appropriate box*1. If Yes, please provide details below, including source of funding:

TYPE YOUR RESPONSE HERE |

**Confidentiality and Data Storage Information**

|  |  |
| --- | --- |
| **8a** | What measures will be put in place to ensure confidentiality of collected data?*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*. TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **8b** | Data Storage DURING project*Storing data on a USB is not allowed at any time; please have data on a UL encrypted and password protected computer. We encourage the use of OneDrive to securely store data.*1. **Soft Copy/Online**

**Please confirm how and where the data will be stored on a computer/online, 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)?***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 |
|  |

|  |  |
| --- | --- |
| **8c** | **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 |
|  |

**Drug interventions or use of Medical Devices**

This section relates solely to the use of drugs or medical devices as part of your research. If you are not conducting research using drugs or medical devices, please continue to question 10; otherwise, please complete question 9 below. Ensure you answer each question clearly and provide supplementary information when submitting this application.

|  |  |
| --- | --- |
| **9a** | Please provide details of the drug(s) or medical device(s) involved in this study, including name, brand, strength, dosage, administration method:TYPE YOUR RESPONSE HERE |

|  |  |
| --- | --- |
| **9b** | Please provide details of Clinical Trial Certificates, Exemption Certificates or Product Licences as they relate to this study:*The Product Licence must cover the proposed use in this study.* Ensure you attach all supporting documentation to your application submission.TYPE YOUR RESPONSE HERE |
|  |

|  |  |
| --- | --- |
| **9c** | Details of any potential risks to participants, staff, etc.:Please also indicate your current experience with the drug or medical deviceTYPE YOUR RESPONSE HERE |
|  |

# Insurance Cover

|  |  |
| --- | --- |
| **10** | Insurance 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.**Signature:** PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE.**Date:** Click or tap to enter a date. |

# Research Privacy Notice (Declaration)

|  |  |
| --- | --- |
| **11** | 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:**Signature:** PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE.**Date:** Click or tap to enter a date. |

**Submitted Documentation for study**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **12a** | **Documents provided**Please 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 submission** |
| 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 12b)

For an online survey or interview only\*\*\* |[ ]
| 1. List of Survey/Interview Questions attached (Section 12b)

For a physical or online survey |[ ]
| 1. Online survey/interview links (Section 12b)

Microsoft Forms or Qualtrics 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. |

|  |  |
| --- | --- |
| **12b** | **Questions asked**If 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 |

**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, and to submit a report form upon completion of this research project.

|  |  |
| --- | --- |
| Name of Principal Investigator | TYPE NAME HERE |
| Signature of **Principal Investigator**(or Head of Department\*) | PLEASE TYPE YOUR NAME HERE IN LIEU OF A SIGNATURE. |
| Date | Click or tap to enter a date. |

\****Please note:*** *where the Principal Investigator is not a permanent employee of the University of Limerick, the relevant Head of Department should sign this declaration.*

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.

**Research Privacy Notice (Document)**

***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 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.

# 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. | [ ]  |

In **ALL** cases involving research with participants under the age of 18, the Child Protection Form **MUST** be signed by all researchers involved in the project and submitted with the application. Otherwise, please **remove this form** before submitting your application.

**Acceptance of the University of Limerick Child Protection Guidelines**

I have read the University of Limerick Child Protection Guidelines and agree to abide by its contents. There is no reason why I would be considered unsuitable to work with children or young people.

Signature of Principal Investigator ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click or tap to enter a date.