RESEARCH ETHICS AT LANCASTER

Stage 1 Self-Assessment Form (Part A) - FOR STAFF

(To be completed by the Principal Investigator in all cases; please send signed original to Research Support Office)

Principal Investigator: ____________________________________________________________

pFACT ID number: ____________________ Department: ______________________________

Title of project: _________________________________________________________________

Proposed funding source: ________________________________________________________

Proposal? Y / N Awarded grant? Y / N Grant code: ________________________________

1. Please confirm that you have read the code of practice, ‘Research Ethics at Lancaster: a code of practice’ and are willing to abide by it in relation to the current proposal? Y / N

   If no, please provide explanation on separate page

2. Does your research project involve non-human vertebrates, cephalopods or decapod crustaceans? Y / N

   If yes, have you contacted the Ethical Review Process Committee (ERP) via the University Secretary (Fiona Aiken)? Y / N

3a. Does your research project involve human participants i.e. including all types of interviews, questionnaires, focus groups, records relating to humans etc.? Y / N

   If yes, you must complete Part B unless your project is being reviewed by an ethics committee

3b. If the research involves human participants please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data Y / N

3c. If the research involves human participants, are any of the following relevant:

   Y / N The involvement of vulnerable participants or groups, such as children, people with a learning disability or cognitive impairment, or persons in a dependent relationship

   Y / N The sensitivity of the research topic e.g. the participants’ sexual, political or legal behaviour, or their experience of violence, abuse or exploitation

   Y / N The gender, ethnicity, language or cultural status of the participants

   Y / N Deception, trickery or other procedures that may contravene participants’ full and informed consent, without timely and appropriate debriefing, or activities that cause stress, humiliation, anxiety or the infliction of more than minimal pain

   Y / N Access to records of personal or other confidential information, including genetic or other biological information, concerning identifiable individuals, without their knowledge or consent

   Y / N The use of intrusive interventions, including the administration of drugs, or other treatments, excessive physical exertion, or techniques such as hypnotherapy, without the participants’ knowledge or consent

   Y / N Any other potential areas of ethical concern? (Please give brief description)

   ............................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

   ................................................................................................................................................................................................

5. Please select ONE appropriate option for this project, take any action indicated below and in all cases submit the fully signed original self-assessment to RSO.

   ☐ (a) Low risk, no potential concerns identified

       The research does NOT involve human participants, response to all parts of Q.4 is ‘NO’.

       No further action required once this signed form has been submitted to RSO

   ☐ (b) Project will be reviewed by NHS ethics committee

       Part B/Stage 2 not usually required, liaise with RSO for further information. If Lancaster will be named as sponsor, contact RSO for details of the procedure

   ☐ (c) Project will be reviewed by other external ethics committee

       Please contact RSO for details of the information to submit with this form

   ☐ (d) Project routed to UREC via internal ethics committee

       SHM and Psychology only. Please follow specific guidance for your School or Department and submit this signed original self-assessment to RSO

   ☐ (e) Potential ethical concerns, review by UREC required

       Potential ethical concerns requiring review by UREC, please contact RSO to register your intention to submit a Stage 2 form and to discuss timescales

   ☐ (f) Potential ethical concerns but considered low risk, (a)-(e) above not ticked

       Research involves human participants and/or response to one or more parts of Q.4 is ‘YES’ but ethical risk is considered low. Provide further information by completing PART B and submitting with this signed original PART A to RSO

Principal Investigator Signature: ______________________ Date: ______________

Head of Department (or delegated representative) Name: ________________________________

Signature: ______________________ Date: ______________

Research Support Office (RSO) ethics contact details: ethics@lancs.ac.uk or Debbie Knight ext 92605