**COLLEGE OF LAW AND CRIMINOLOGY, SWANSEA UNIVERSITY**

**LIGHT-TOUCH ETHICAL REVIEW FORM**

*To be completed for all research involving human participants or datasets*

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| **Name of PI or Student** |  |
| **Supervisors\***  |  |
| **Date Submitted** |  |
| **Title of Project** |  |
| **Name of Funder / Sponsor\*** |  |
| **Finance Code / Reference\*** |  |
| **Duration of Project** |  |

\* *Complete if appropriate*

***Risk evaluation****: Does the proposed research involve any of the follow?*

***✓ Tick*** *those boxes that were identified during the ‘light-touch’ ethical review*

***🗙 Cross*** *those boxes that were not identified during the ‘light-touch’ ethical review*

🞏 Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g. students at school, members of self-help group or residents of nursing home?)

 Does the research involve members of the public in a research capacity (e.g. participant research)?

🞏 Will the research take place outside the UK where there may be issues of local practice and political sensitivities?

🞏 Will the research involve administrative or secure data that requires permission from the appropriate authorities before use?

🞏 Is there a possibility that the safety of the researcher may be in question? (e.g. in international research: locally employed researchers)

🞏 Will the study discuss sensitive topics? (e.g. sexual activity or drug use)

🞏 Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?

🞏 Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g. covert observation of people in non-public places)

🞏 Does the research involve vulnerable groups: children, those with cognitive impairment or in unequal relationships? (e.g. your own students). This **may** require review by the NHS NRES.

🞏 Does the study involve participants aged 16 or over who are unable to give informed consent? (e.g. people with learning disabilities: see Mental Capacity Act 2005. All research that falls under the auspices of the Act **must** be reviewed by the NHS NRES.)

🞏 Will the research involve respondents to the Internet or other visual/vocal methods where respondents may be identified?

🞏 Will *research* involve the sharing of data or confidential information beyond the initial consent given?

🞏 Will financial *inducements* (other than reasonable expenses and compensation for time) be offered to participants?

🞏 Will the study involve recruitment of patients or staff through the NHS or the use of NHS data or premises and/or equipment? If this is the case,the project **must** be reviewed by the NHS NRES. (<http://www.hra.nhs.uk/research-community/before-you-apply/determine-whether-your-study-is-research/>

🞏 Are drugs, placebos or other substances (e.g. foods or vitamins) to be administered to study participants, or will the study involve invasive, intrusive or potentially harmful procedures of any kind? (If any substance is to be administered, this **may** fall under the auspices of the Medicines for Human Use (Clinical Trials) Regulations 2004, and require review by the NHS NRES.)

🞏 Will tissue samples (including blood) be obtained from participants? (This would fall under the terms of the Human Tissue Act 2004. All research that falls under the auspices of the Act **must** be reviewed by the NHS NRES.)

🞏 Is pain or more than mild discomfort likely to result from the study?

🞏 Will the study involve prolonged or repetitive testing?

🞏 Other significant ethical issues or concerns?

*If the answer to* ***ANY*** *of the questions is* ***YES,*** *then a* ***Full Ethical Review*** *is required. Please proceed to complete a Full Ethical Review Form.*

*If the project involves* ***NONE OF THE ABOVE (****i.e. you have not ticked any of the boxes above), you must proceed to complete the following question and the Declaration that follows and send this form to the* ***Chair of the Research Ethics Committee.*** *Research may only commence once approval has been given.*

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| 1. Briefly describe **in 500 words** the main aims of the research you wish to undertake, including a statement of the intended benefits of the research. Please use non-technical language wherever possible. |
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| 2. Briefly describe the overall design of the project |
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| 3. Briefly describe the methods of data collection and analysis. Please describe all measures to be employed. If questionnaire or interviews are to be used, please provide the questionnaire / interview questions and schedule – if available. |
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| 4. Please highlight any ethical concerns or risk potential to research participants or investigators.  |
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| ***Declaration:*** *The project will be conducted in compliance with the ethical policy of the University and the College. This includes securing informed consent from participants, minimizing the potential for harm and compliance with data-protection obligations. Any significant change in the purpose, design or conduct of the research will be reported to the Chair of the CLC-REC and, if appropriate, a new application for ethical approval will be made.* |
| **Signature of PI or Student** |  |
| Signature of first supervisor (if appropriate) |  |
| **Decision of CLC-REC** |  |
| **Signature of CLC-REC Chair**  Date |  |
| CLC-REC Reference number(office use only) |  |

**Once completed, please print this form, sign the hard copy, scan the form in pdf format and submit as required.**