**SCHOOL OF DIVINITY**

**RESEARCH ETHICS COMMITTEE**

**LEVEL ONE: SELF-ASSESSMENT FORM**

This form applies to all research involving human participants and data relating to them. It must be completed electronically by

* taught dissertation or fieldwork students, in conjunction with their supervisor, as soon as the research proposal has been approved
* research students, in conjunction with their principal supervisor, at the beginning of their project
* academic staff before a funded or unfunded research project commences

For students, the supervisor is responsible for ensuring that the form has been completed.

**Please attach your completed Participant Information Sheet.**

Name:

Project title:

Student number (if applicable):

Degree programme (if applicable): PGR / PGT/ UG (delete)

Course (if applicable):

Supervisor name (if applicable):

E-mail:

Funder (if applicable):

**BENEFITS AND RISKS**

What is the purpose of the research?

What personal data will you gather (e.g. religious beliefs, political opinions, moral views, ethnicity, race, sexuality, health, trade union membership)?

How will you collect this (e.g. survey, interviews, observation)?

Why is collecting this data necessary for the research?

Will the research findings be published or publicly presented, and if so, how?

**PROTECTING PARTICIPANTS**

Could the research expose any participants to the risk of physical or psychological harm?

**NO YES** (delete)

Will the research involve under-18s, the ill, people who are vulnerable due to old age or people with special educational needs or a disability?

**NO YES** (delete) *If yes to either, full ethics assessment required*

**ENGAGING PARTICIPANTS**

**Consent**

Will voluntary consent be obtained?

**YES NO** (delete)

This includes

• obtaining individual written consent before personal data is collected, or individual verbal consent if this is not possible

• considering any issues about informed consent

**Information**

Will participants be informed of the purpose and progress of the research?

**YES NO** (delete)

**Withdrawal**

Will participants be notified in advance of their right to cease involvement at any time?

**YES NO** (delete) *If no to any of the above, full ethics assessment required*

**DATA PROTECTION AND PRIVACY**

**Storage**

Will contact details and data be stored securely?

**YES NO** (delete) *If no, full ethics assessment required*

This includes

• password access to computer

• lockable storage for paper copies

**Processing**

Will the data be processed and presented such that no individuals are identifiable?

**YES NO** (delete) *If no, full ethics assessment required*

This includes

• anonymising personal data where possible, or if this is not possible, pseudonymising it

• reporting quantitative data at group level rather than individual level

**Transfer**

Will raw data be shared with any other person or location outside the University of Edinburgh (e.g. project co-lead at another institution)?

**NO YES** (delete) *If yes, full ethics assessment required*

**CONFLICTS OF INTEREST**

**Conflicts of Interest**

Do any conflicts of interest arise?

**NO** **YES** (delete) *If yes, full ethics assessment required*

These might include:

• financial or personal gain resulting from the research

• employing a relative or close friend as a paid project researcher

**PREVENTION OF TERRORISM**

Will your research concern groups or individuals that may be considered terrorist or extremist?

**NO YES** (delete) *If yes, full ethics assessment required.*

**OVERALL ASSESSMENT**

Is a full ethics assessment required?

**NO YES** (delete)

If YES, complete a Full Ethics Assessment Form and email it to the Research Ethics Committee administrator (Amanda.Dron@ed.ac.uk).

If NO, email a signed copy of this form and, for all research involving human subjects and data relating to them, the completed Participant Information Sheet, to the administrator.

**Declaration**

I/We confirm that I/we have conducted Level One ethics self-assessment for the proposed research project and that no reasonably foreseeable ethical risks have been identified.

Signature of student (if applicable):

Date:

Signature of academic staff member/supervisor:

Date: