### **Enable Ireland** **Research Ethics & Quality Committee Application Form**

|  |
| --- |
| **1. GENERAL INFORMATION** |
| **Project Title** |  |
| **Principal Investigator***(include principal investigators declaration form)* | **Name** |  |
| **Qualification** |  |
| **Position** |  |
| **Organisation** | *(include department and contact details)* |
|  **Co. Investigators/Student Researchers** | **Name**  |  |
| **Position** |  |
| **Organisation** | *(include department and contact details)* |
| **Role in project** |  |
|  **Supervisor Details** *(include supervisor declaration form)* | **Name**  |  |
| **Position** |  |
| **Organisation** | *(include department and contact details)* |
| **Have you received permission from your university/institute’s REC?** *(attach approval letter)* | **Y N** | *If no, (i) explain why? (ii) outline source of approval* |
|  **Enable Ireland Details** | **Centre** |  |
| **Gatekeeper** | *(insert name)* |
| **Local Service Manager** | *(insert name)* |
| **Local Director of Services/National Manager** | (insert name) |
|  **Duration of Project** | **Proposed Commencement Date:** | **Proposed Completion Date:** |
| **Use of External Sites** |  |

|  |
| --- |
| **2. SERVICE USER PARTICIPATION** |
| **Participant Initial Contact**Describe how the appointed gatekeeper will contact participants |  |
| **Participant Involvement in Study Design & Implementation**Will service users/staff be involved in the design/implementation? If yes, please describe. | *(if yes, please describe)* |
| **Participants** | **Nature** *(detail e.g. type of disability etc.):* |
| **Sample Number:** |
| **Inclusion Criteria** *(detail e.g. gender, age etc.):* |
| **Voluntary Participation**How will you assure service users or families that whether they agree to participate or not, will not in any way affect their present or future service? What is the potential benefit for research participants? |  |
| **Meeting with Participants** If your research involves meeting with the service user or family, where and when will this happen? Detail which investigator will carry this out? |  |
| **Confidentiality**How will you assure service users or families that their confidentiality will not be compromised in any way? |  |
| **3. AIMS & OBJECTIVES** |
| **Overall Aims**The purpose of your research – what are you trying to discover/prove/achieve? |  |
| **Specific Objectives** |  |
|  |
|  |
| **Hypothesis** |  |
| **4. BENEFITS FOR SERVICE USERS/FAMILIES/STAFF** |
| **Outline the benefits of the research for participants involved e.g. Service Users, Families, Staff?** |  |
| **5 .OUTCOMES/BENEFITS FOR ORGANISATION** |
| **How does this research align with our Strategic Objectives?** |  |
| **How will this research inform local and/or national Service Development?** |  |
| **Will Enable Ireland be identified in your study and if so, how?** |  |
| **Specify submission date of the Enable Ireland Interim Report** (see Enable Ireland Interim Report Template) |  |
| **6. METHODOLOGY** |
| **Study Design**Quantitative, Qualitative, Mixed Methods, etc. |  |
| **Describe Instruments/Measures**(You must include a copy of any questionnaire, interview schedule, test, etc with your application) |  |
| **Time-frame**Provide a detailed schedule of the tasks involved throughout the research project.  | *(Note -No project can begin without approval from REQC*) |
| **Statistical Methods**Please provide detailed account |  |
| **Procedures which may cause discomfort/distress**Does your research include procedures that may cause discomfort or distress? How do you intend to eradicate potential risk to participants? What approach/follow up supports will be put in place?  |  |
| **7. EXPLICIT CONSENT & ASSENT** |
| **Participant Information**Have you prepared an Invitation Letter and Information Sheet? Please include copies of the relevant materials as an Appendix.  | **Invitation Letter:** |  |
| **Information Sheet:** |  |
| **Signed Explicit Consent**Have you prepared a Consent Form? How will consent be obtained? (See Enable Ireland REQC Sample Consent Form) | (Include copies of the relevant materials as an Appendix) |
| **Signed Informed Assent (if applicable)**Have you prepared an Assent Form (agreement of young person) for participants under the age of 16 NOTE: PARENTAL/GUARDIAN CONSENT IS ALSO REQUIRED FOR PERSONS UNDER THE AGE OF 16**What is the time interval between giving information and seeking explicit consent?**(It is recommended that a period of seven days be provided for reflection. If less than this, please justify). | (Include copies of the relevant materials as an Appendix) |
| **Information for participants under the age of 18**Will each child receive information according to his/her capacity of understanding regarding the risks and benefits of the project?  | (Include copies of the relevant materials as an Appendix) |
| **8. DATA MANAGEMENT & DATA PROTECTION** |
| **Who will have access to the data?** |  |
| **What media of data will be collected?**Will participants have an opportunity to review data collected?If audio taping forms part of the study design you must allow the participant access to the transcript, if they so wish. This must be included in the Explicit Consent Form and Information Leaflet.  | **Audio and Transcripts:**Will the participant be given access to review a transcript of the audio tape interview? If, no explain, justify why? |
| **Photos and Videos:** |
| **Data Classification** | **Anonymous:** |
| **Pseudonymised:** |
| **Coded:** |
| **Identifiable:** |
| **Data Protection**Where will the data be stored?Who will have access to the stored data?Will the data be retained or destroyed after the project?Describe steps to ensure confidentiality of data?(Secure retention of data for 5 years. If there is any reason to apply for variation from these guidelines, please give details and justify) | **Storage:** |
| **Security:** |
| **Confidentiality:** |
| **Retention:** |
| **Destruction:** |
| **Where will Data Analysis take place, and by whom?****Please sign to confirm that you will not use or retain service user data for any reason other than that outlined in the research?****Please confirm you undertake not to contact service user participants post completion of your research.** |  |
| **9. DISSEMINATION** |
| **Please comment on how the results will be conveyed back to individual participants.** (Specify methods that will be used e.g. presentation to participants, workshop/conference, etc…..)How are you going to manage potential distress/upset, should this arise during dissemination? |  |
| **Please comment on how aggregated study results will be made available to Enable Ireland.** |  |
| **Please describe your wider dissemination strategy.** |  |

**Applicants must adhere to the Enable Ireland REQC Policy and Procedure. Please email a copy of your completed application including required appendices to** **kmcmahon@enableireland.ie** **and send a hard copy with signatures on declaration form to Kate McMahon, Research Ethics and Quality Coordinator, Enable Ireland, HR & Corporate Affairs, 8 Russet Court, Churchyard Lane, Ballintemple, Cork.**