

Ethical Approval and Risk Assessment Form

**Please refer to the accompanying guidance when filling in this form. completed forms should be sent to Odette Rogers (**[**ohmr3@cam.ac.uk**](mailto:ohmr3@cam.ac.uk)**). You must not start fieldwork or interviews until you have been informed that your application has been given permission to proceed.**

|  |  |  |
| --- | --- | --- |
| **Name of applicant** |  | |
| **Date of application** |  | |
| **Role in Department** | **Undergraduate**  **MPhil student**  **PhD student** | **Postdoctoral Researcher**  **Faculty member**  **Other (please specify)** |
| **Name of supervisor,  team leader or sponsor  (where appropriate)** |  | |

TYPE OF PROJECT

**Please specify the type of research you will be doing, and the location. You may need to check more than one box.**

**The table lists the sections of this form which need to be completed for each type of project. Please ensure that you complete ALL the sections listed for the type/s of research you will be doing. Sections not relevant to you may be left blank or deleted.**

|  |  |  |
| --- | --- | --- |
|  | Own home/office | Any other location – UK or overseas |
| Face-to-face interviews \* | 1,2,3,4,5,7,9,10 | 1,2,3,4,5,6,7,9,10 |
| Proximate but not face-to-face  (eg observational work) \* | 1,2,3,4,5,7,9,10 | 1,2,3,4,5,6,7,9,10 |
| Minimal contact (eg archival research) | 1,2,7,8,9,10 | 1,2,6,7,8,9,10 |
| Questionnaire, telephone or virtual interviews | 2,3,4,7,10 | 2,3,4,6,7,9,10 |
| Desk-based analysis of secondary sources | 2,8,10 | 2,6,8,9,10 |

\* Due to COVID-19, project types marked with an asterisk may not be undertaken by undergraduate students in 2020/21, and will only exceptionally be allowed for MPhil students.

LEVEL OF APPROVAL SOUGHT

(please refer to Page 1 of the accompanying guidance)

**I am seeking conditional approval but not permission to proceed**

**My project has already been given conditional approval and I am seeking permission to proceed. My application is identical to the application which received conditional approval, with the possible exception of dates of travel and Section 8.**

**My project has already been given conditional approval and I am seeking permission to proceed. I have changed some of the details in my application and have highlighted where these changes have been made.**

**I am seeking conditional approval and permission to proceed in a single step**

Section 1. CHECK-IN PROCEDURE

## Please read about the check-in procedure in the accompanying guidance, and tick one of the following boxes, to indicate whether you will be following this protocol. Students will not normally be given clearance unless they indicate that they will adopt the protocol.

**The guidance does not apply to my project**

**I have read the guidance on “checking in and out” and agree to follow this protocol**

**I will not be following the protocol. If you are a student, please indicate why:**

|  |
| --- |
|  |

If you will be following the protocol, please provide details (name, phone and/or email, and relationship to you), of three people that the Department may contact if we become concerned for your safety. If you prefer not to provide any or all of them, please write “DECLINED”.

|  |  |
| --- | --- |
| **Contact in fieldwork location** |  |
| **Next of kin** |  |
| **Check-in contact (CIC)** |  |

Section 2. PROJECT DETAILS

|  |  |
| --- | --- |
| **Title of project** |  |
| **Dates and location(s) of proposed fieldwork** |  |

Please outline (maximum 300 words) the main research questions you intend to address and the research design you propose to use. You will be asked later for details of how you will identify, approach and interview your participants.

|  |
| --- |
|  |

Section 3. YOUR PARTICIPANTS

## 3a. Who will your participants be?

|  |
| --- |
|  |

## 3b. How will you recruit your participants? If you have a draft of the initial letter or email that you will send to participants, or a flyer that you will use, or the text that you will use in the course of a telephone conversation, please attach it.

|  |
| --- |
|  |
| Attaching text of letter/email/flyer etc?  Yes  No |

## 3c. Please describe how you will gather data from your participants. If this is via questionnaire or semi-structured interview, please attach a draft of your questions; for other approaches, please give an indication of the areas you will be covering.

|  |
| --- |
|  |
| Attaching text of questionnaire or interview questions?  Yes  No |

## 3d. How long will each interview take? What steps have you taken to ensure that this estimate is realistic?

|  |
| --- |
|  |

Section 4. INFORMED CONSENT

Research involving vulnerable individuals is likely to require review by a University committee.

Children under 18, or individuals who are unable to give informed consent for any reason (for example because of psychological or cognitive problems) would always be defined as vulnerable individuals; please see the accompanying guidance for fuller definitions.

**A. My research will involve no contact with vulnerable individuals.**

**B. None of my participants will be vulnerable individuals; however, my research may bring me into contact with them (for example in the context of observing a family).**

**C. My research will include participants who are vulnerable under this definition.**

If you checked box [B], you will need to attach a document describing how you will safeguard the wellbeing of any vulnerable individuals with whom you have contact in the course of your research, but your application will probably be processed in the usual way.

If you checked box [C], you should attach a document describing how you will safeguard the wellbeing of vulnerable individuals, and your application will be referred to a specialist ethics committee.

**ALL APPLICANTS** must describe how they will obtain and record informed consent from their participants. This may be via a paper form, via email, an online form, or some other means. Please attach the form you propose to use, and describe how participants will return it to you. A template for informed consent is included in the guidance notes.

**I will be obtaining informed consent via:**

**Hard copy  Email  Online form  Other (please specify)**

**I attach the informed consent form that I will be asking participants to return**

**I attach a statement on safeguarding**

Section 5. ANONYMITY, ACCURACY AND DATA SECURITY

Please confirm that you are familiar with the University’s guidance on the General Data Protection Regulation (GDPR) and its implications for academic research.

<https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data-protection-regulation>

<https://www.information-compliance.admin.cam.ac.uk/data-protection/guidance/research>

**I am familiar with the University’s guidance on the GDPR.**

## 5a. Will you be giving undertakings of anonymity to your participants?

|  |
| --- |
|  |

## 5b. If you will be giving a guarantee of anonymity, how will you ensure that this is honoured?

|  |
| --- |
|  |

## 5c. If you will be quoting named or identifiable individuals in your work, will you be taking steps to ensure that they believe themselves to be fairly represented in what you write?

|  |
| --- |
|  |

## 5d. Do you plan to make the results of your research available to your participants? If so, how?

|  |
| --- |
|  |

## 5e. What steps will you take to ensure participants’ data is secure at all stages of the process?

|  |
| --- |
|  |

## 5f. What do you plan to do with your data at the end of your project (or your PhD)?

|  |
| --- |
|  |

Section 6. HEALTH AND SAFETY IN THE FIELD

**EITHER** answer sections 6a-6d

**Some of my research will take place outside the UK**

## 6a. Please list each of the locations (country and city/region) that you plan to visit, and confirm that you have read the current UK Foreign and Commonwealth Office (FCO) advice on travel to that location. Add more lines if you need to.

|  |  |
| --- | --- |
| Location | Have you read the FCO travel advice relating to this location? |
|  | Yes  No |
|  | Yes  No |

## 6b. If the FCO lists concerns about the health or safety of visitors to any of the locations you propose to visit, or if you are aware of any other concerns relating to these locations, please summarise these concerns below. Please include risks relating to communicable diseases, but *do not* include risks relating to COVID-19 – there is a separate section for this. In the next section you will be asked to assess the level of risk and to suggest mitigation strategies.

|  |
| --- |
|  |

## 6c. Are you familiar with the location(s)? If so, how? Do you speak the local language?

|  |
| --- |
|  |

## 6d. Please give details of your travel insurance, particularly as it relates to health and repatriation in the event of illness.

|  |
| --- |
|  |

**OR** answer 6e.

**My research will take place entirely in the UK**

## 6e. Will any of your research take place in a location or situation where the risks are different to those you are normally used to?

|  |
| --- |
|  |

Section 7. RISK ASSESSMENT

In this section, you are asked to consider the potential risks to yourself and to your research participants, in terms of health, safety and wellbeing; and to score them according to the **criteria on Page 5 of the accompanying guidance**.

There are separate sections for risks to you as researcher, and to your participants. Please fill in a separate panel for each distinct hazard; add new panels by cutting and pasting if you need to.

DO NOT include risks relating to COVID – these are dealt with in Section 9.

7a. POTENTIAL RISKS TO YOU AS THE RESEARCHER

## **Researcher Hazard 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of the hazard | | | | | |
| How will you manage or mitigate the risks? | | | | | |
| LIKELIHOOD (L)  score |  | SEVERITY (S)  score |  | RISK **(L x S)** |  |

## **Researcher Hazard 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of the hazard | | | | | |
| How will you manage or mitigate the risks? | | | | | |
| LIKELIHOOD (L)  score |  | SEVERITY (S)  score |  | RISK **(L x S)** |  |

7b. POTENTIAL RISKS TO YOUR PARTICIPANTS

## **Participant Hazard 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of the hazard | | | | | |
| How will you manage or mitigate the risks? | | | | | |
| LIKELIHOOD (L)  score |  | SEVERITY (S)  score |  | RISK **(L x S)** |  |

## **Participant Hazard 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of the hazard | | | | | |
| How will you manage or mitigate the risks? | | | | | |
| LIKELIHOOD (L)  score |  | SEVERITY (S)  score |  | RISK **(L x S)** |  |

## **Participant Hazard 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of the hazard | | | | | |
| How will you manage or mitigate the risks? | | | | | |
| LIKELIHOOD (L)  score |  | SEVERITY (S)  score |  | RISK **(L x S)** |  |

|  |  |
| --- | --- |
| OVERALL RISK RATING OF THE PROJECT(Highest risk rating of all the hazards you have described) |  |

Section 8. DATA SECURITY AND ANONYMITY – secondary or archival data

**Please list all the sources of data you will be using.**

|  |
| --- |
|  |

3a. If your project is based on data which are publicly available without an application and without any conditions attached, please check the box below and move on to the Section 3c. Otherwise, please leave these boxes blank and move on to section 3b.

**I confirm that I will be using only data which are publicly available without an application being made, and without conditions of use.**

**I will ensure that private individuals cannot be identified from any publication or presentation arising from this research, or from dissemination via any other means.**

3b. In all other cases, please confirm that you will comply with the following conditions.

**I have obtained (or will obtain) access to all data honestly and lawfully**

**I have read and understood the conditions of use specified by the owner/distributor of the data, and intend to comply with these conditions**

**I will not pass the data on to any other individual without the express permission of the owner/distributor**

**I will store the data securely, respecting any conditions specified by the owner/ distributor**

**I will comply with any conditions set by the owner/distributor in relation to destroying the data at the end of the research**

3c. If you will be using secondary data sets

**I will not attempt to identify individuals in the data**

**In the case of small cell sizes, I will not present results which could lead to another individual identifying individuals in the data set**

Section 9. COVID-19

# Are you aware of being at higher-than-average risk from COVID-19 (eg on account of age, health conditions, etc)? If so, please give details.

|  |
| --- |
|  |

## **COVID in your fieldwork location**

At this time, you are strongly advised to limit the number of locations in which you conduct fieldwork. If you propose to work in more than one locality (more than one country, or more than one city within a country) please copy and paste the entire panel below, and complete it for each locality.

|  |
| --- |
| Location: |
| Summarize the history of the outbreak in your proposed location; the current situation as you understand it; and the best predictions you are able to obtain for the trajectory of the outbreak. |
| What is the Foreign and Commonwealth Office advice for travel to this location? |
| What is the best available local source for information on COVID, and what advice are they currently giving to travellers and people working in the area? |
| What are the quarantine requirements for incoming travellers? (if you are already in this location, please clarify). |
| What local measures are in place for the containment of Coronavirus, and how might they impact on your fieldwork? |

## **Healthcare and health insurance**

|  |
| --- |
| Please confirm that the medical facilities in your destination location/s are adequate to treat you in the event that you become infected. |
| Please confirm that insurance for your entire trip is available, including cover for healthcare in the event that you become infected (you may like to upload documentation) |

## **Risk mitigation strategies**

Please describe the measures you intend to take to ensure, as far as possible, the safety of yourself, your research participants, and other people with whom you might come into contact. If you will be doing fieldwork in multiple localities, please clarify whether your risk mitigation strategies will be the same for all localities, or whether they will differ.

|  |
| --- |
|  |

## **Returning from fieldwork**

Will any steps be necessary on return from fieldwork, to safeguard the wellbeing of others in your household?

|  |
| --- |
|  |

Section 10. CHECKLIST AND SIGNATURES

**I understand that I am required to monitor the situation relating to COVID-19 in the area in which I am conducting fieldwork. I will inform the Department in the event that the prevalence of COVID-19 increases in the area.**

**I will comply with local regulations relating to travel, quarantine, social distancing, the wearing of protective clothing, etc.**

**I understand that if permission to proceed is granted, it may be rescinded at any time. If permission is rescinded after fieldwork has started, I will comply with any instructions to cease or modify fieldwork, to return home, or to self-isolate.**

**I understand that it may not be possible for me to return home if I become unwell, or in the event of a local outbreak.**

|  |  |
| --- | --- |
| List of Additional documentsIf you will be using documents in another language, please supply an English translation. For ease of processing, please paste documents at the bottom if this form if possible, rather than sending multiple attachments. Screen shots are acceptable. | |
| Text of initial approach to participants | Pasted  Separate attachment  N/A |
| Questionnaire or draft interview | Pasted  Separate attachment  N/A |
| Informed consent form | Pasted  Separate attachment  N/A |
| Safeguarding statement | Pasted  Separate attachment  N/A |
| Documentation on insurance | Pasted  Separate attachment  N/A |
| Other attachment (please specify) |  |

Electronic signatures and dates:

**Applicant: by signing below you confirm that the information in this form is, to the best of your knowledge, accurate.**

|  |  |
| --- | --- |
| **Applicant** |  |

**Supervisor: by signing below you confirm that you have read this form, given feedback to the applicant if necessary, and you agree that the application is ready to be considered by the Ethics Committee.**

|  |  |
| --- | --- |
| **Supervisor/Sponsor/ Team Leader etc** |  |

OFFICE USE ONLY

|  |  |
| --- | --- |
| **Date first received** |  |
| **Date sent to assessors** |  |

Outcome:

Returned to student for amendment  Forwarded to Ethics & Risk Committee

Date returned or forwarded:

[Admin: please add more rows if the form is returned to the student more than once]

Approval by Ethics & Risk Committee

|  |  |
| --- | --- |
| **Provisional Approval**  **(date and signature)** |  |
| **Permission to Proceed**  **(date and signature)** |  |