School of Histories and Humanities, Trinity College Dublin

All researchers have a responsibility to follow Trinity's policies on research ethics as well as any academic or professional code of practice or guidelines relevant to the specific research project. Further details, including a link to **Trinity's Policy on Good Research Practice** are found: https://www.tcd.ie/research/support/ethics-approval.php

Useful templates for consent and participation forms are found on the TCD's Data Protection page: https://www.tcd.ie/dataprotection/trinitycollegetemplates/.

Staff, Postdocs, Researchers and PhD students must use the online REAMS process: https://ahss.tcd.ie/research-impact/facultyethicscommittee.php

This School of Histories and Humanities Ethics application form is for all **undergraduate and M. Phil** students and must be completed prior to the commencement of data collection. All student applications should be reviewed and approved by supervisors prior to submission. Forms should be submitted to the School's Director of Research and/or the School's Research Ethics Committee. **Please note that depending on the level of risk and the nature of your project, you may be required to apply through the online REAMS process. See:** https://ahss.tcd.ie/research-impact/facultyethicscommittee.php

Section 1

	YES	**NO**
1. Has this research application or any application of a similar nature been refused ethical approval by a review committee of College or other higher education institute?		
2. Does this research involve participants who are considered to be vulnerable or unable to give informed consent (e.g. children, people with learning disabilities, your own students, prisoners, asylum seekers)?		
3. Does this research involve use or creation of material that is not already in the public domain? (Note: the answer to this question is almost always "yes").		

If you have answered **NO** to all the questions above, 'ethics release' is indicated and there is no need to pursue ethical scrutiny further. However, if you have answered **YES** to any of the above questions, proceed to **Section 2**.

Section 2

	YES	**NO**
1. Could the research have detrimental legal, economic or social consequences for the participants?		
2. Will your research involve intrusive or sensitive topics (e.g. sexuality, drugs, abuse, traumatic events, etc.) or stress greater than that usually encountered in normal daily life for the participants?		
3. Will your research involve access to records of personal or confidential information concerning identifiable individuals, either living or recently deceased, that are not already in the public domain or an archive (including institutional archives)?		
4. Will your research necessitate a DPO Risk Assessment (see: https://www.tcd.ie/dataprotection/assets/202310_DPO_REAMS_reviews.pdf)		

5. Will the research require the cooperation of a gatekeeper for initial access to the groups/individuals to be recruited?		
6. Will the research involve any drugs, placebos, or other substances (e.g. food, vitamin, and other supplements) being administered to the participants, or will the research involve invasive, intrusive, or potentially harmful procedures of any kind?		
7. Will blood or tissue samples be obtained from participants?		
8. Is the research likely to involve or result in participants experiencing pain or more than mild discomfort?		
9. Will the research involve prolonged or repetitive testing of participants?		
10. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?		
11. Will the deception of participants (including covert observation in non-public spaces) be necessary at any time?		

If you have answered **YES** to any of the questions in **Section 2,** then your application cannot be approved at School level and you must apply to the Faculty Ethics Committee via the online REAMS system. For that procedure please see here: https://ahss.tcd.ie/research-impact/facultyethicscommittee.php

If you answered **NO** to all questions in **Section 2,** please proceed to **Section 3.**

Section 3: Applicant Details

Name	
Applicant E-mail Address	
Name(s) of Additional Researcher(s) if applicable	
Name of Supervisor (for students)	
Title of Project	
Brief description of the project (max 200 words)	

SECTION 4 – CONSENT

4.1 Will you obtain consent for this research?

Yes ☐

No ☐

If the answer is **no,** please skip to section 5.

4.2. How will you ensure informed / explicit consent is obtained from the research participants?

Please attach a copy of consent form and participant information leaflet (for samples, https://www.tcd.ie/dataprotection/trinitycollegetemplates/)

N. B. Please indicate if you have modified the consent form and/or the participant information leaflet included in the link above?

Yes ☐ No ☐

If **yes** please highlight the changes made and why these were necessary.

If template is changed substantially – this will need to be reviewed by Deputy DPO for Research: email: researchDPO@tcd.ie

4.4 What is the time interval between giving information and seeking consent or participation? At least 7 days.

During this time prospective participants should receive a consent form to consider. It is recommended that a period of seven days be provided for reflection. If less than this, please justify.

4.4 Will the participants be purposefully recruited from any of the following groups (tick as appropriate) (i.e. children, prisoners, adults with mental illness where having/had a mental illness is an inclusion criterion of the study population)?

	YES	NO	Not known
Children under 18 years of age			
Adults with learning disabilities			
Adults with communication difficulties			
Adults who are unconscious or very severely ill			
Adults who have a terminal illness			
Adults with mental illness			
Adults suffering from dementia			

Prisoners			
Young Offenders			
Those who could have been considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, students, line manager of participants			
Other groups who may be considered vulnerable (Please specify below)			

4.5 If participants are to be recruited purposefully from any of the potentially vulnerable groups listed above, then your application cannot be approved at School level and you must apply to the Faculty Ethics Committee via the online REAMS system **See:** https://ahss.tcd.ie/research-impact/facultyethicscommittee.php

SECTION 5: CONFIDENTIALITY, DATA PROTECTION, DATA PROCESSING AND DATA STORAGE

5.1 Does the study involve collecting, using, accessing or sharing personal data? ***Please read footnote 1 & 2 to ensure you are answering this question correctly.***

https://www.tcd.ie/itservices/kb/vle/overview-GDPRtraining.php (link to data training and how to register)

Yes ☐ No ☐

If your answer is **NO**, please skip to question **5.11**

If your answer is **YES** please give details of the personal data[1] to be collected and list all media/ forms utilised: online, hard copy, audio, video, photographs etc. and processing activity. Finally, please indicate how the personal data being collected relate to the aims and objectives of the study. (Justification)

Data Collected	Justification	Processing Activity
EXAMPLE: Participant name, address, phone, email	*Identification, address, phone, email; future contact for review purposes.*	*Excel database, situated in 'X' drive on 'X' desktop computer at 'X' Site.*
EXAMPLE: Written consent	*Legal basis for processing.*	*Paper forms, stored in locked filing cabinet at 'X' site. Access restricted to [detail] only*
EXAMPLE: code keys		

[1] Personal data is information which can identify a person – in particular: a name, address, email, telephone number, an identification number, location data, an online identifier, or and IP address.

5.2 Does the study involve collecting, using, accessing, or sharing sensitive data[2]?

Yes ☐ No ☐

If you answer "no," then you may proceed to **5.11.**

Data Collected	Justification	Processing Activity

5.3 Who will determine 'how' and 'why' the data is used? (i.e. data controller or joint controllers if more than one)

Employees and students of Trinity are not data controllers. Trinity is the data controller for the institution. However, if other institutes are involved, they should be noted as controllers here.

5.4 If applicable, specify the name/s of any personnel (aside from the lead researcher) who will have access to the personal and/or sensitive data.

Name and Category of Recipient	Type of Data	Format of Data	Contract in place?
EXAMPLE: Trinity member of research team		*Pseudonymised etc.*	
EXAMPLE: external member of research team			

5.5 If applicable, specify the name/s of any service providers (such as transcribers, third parties carrying out analysis, data collection etc.).

Indicate the format in which they will receive the data i.e. identifiable or pseudonymised? Please confirm and attach the agreement that is in place with the service provider

Name and Category of Recipient	Type of Data:	Format of data	Contract in place?
EXAMPLE: transcribers names	*EXAMPLE: Participant names*	*original, anonymised, non-anonymised or pseudonymised.*	

[2] Sensitive personal data means genetic, biometric and health data, as well as personal data revealing racial and ethnic origin, political opinions, religious or ideological convictions or trade union membership.

EXAMPLE: statisticians name	*EXAMPLE: Written consent*		
EXAMPLE: data collector name (hired personnel or companies that are not members of the research team)	*EXAMPLE: participant names and contract details, written consent*		

5.6 During and after the study, what steps will you take to protect the confidentiality of personal or sensitive personal data collected as part of the project? *(e.g. Participant identities, contact details, consent forms, code keys that link personal or sensitive personal data to other data, data collected from patient/client records).* Please specify details for all that apply and likewise for all media forms utilised (online, hard copy, audio etc.)

<u>Please note:</u> Double encryption is required on all computers, laptops and mobiles devices. Personal data should not be stored on portable devices unless absolutely necessary and it should be stated here if this is necessary and why. Cloud storage of personal data require secure clouds as recommended by Trinity and if cloud storage is used it should be indicated here including the location of the cloud etc.

Personal/sensitive date type	Media Format	Storage Details:
EXAMPLE: contact details, telephone	*Original hard copy*	
EXAMPLE: consent	*Original Hard copy*	*Stored in locked cabinet with access solely by x*
EXAMPLE: sensitive data	*Original Hard copy*	

5.7 Please specify that you have a log and controls in place to record who accesses, changes, discloses or erases any or all of the personal data collected. In the case of repository data, changes and erasures only need to be logged

5.8 **Indicate clearly when processing (i.e. pseudonymisation, anonymization, deletion) will occur.** Please indicate who will be responsible for these processes and who will retain the key code if applicable.

5.9 Accepted best practice recommends secure retention of data personal non-anonymised (of all the types listed previously) for 7 years. If there is any reason to apply for a variation from these guidelines, please give details and provide a justification.

Consent forms used for research must be retained for 7 years, as evidence of consent in compliance with GDPR. Students must handover to supervisor when they leave Trinity.

Personal/sensitive data type and media format	Format	Retention time, when it will be destroyed
EXAMPLE: contract details, telephone	*Original, anonymised, non-anonymised or pseudonymised.*	
EXAMPLE: consent		
EXAMPLE: audio recordings		

5.10 If identifiable data or material (photographs, audio, video etc.) will be retained after the study is completed, is it stated on the information leaflet and consent form, that this will be done, and that material will not be used in future unrelated studies without further specific permission being obtained?

Yes ☐ No ☐

5.11 Researchers must allow the participant access to their personal data including their transcript if they so wish (right of access and right of rectification). Please give details of these arrangements.

5.12. How will you ensure the participants can use their other rights as required under GDPR?

These include:

- right to erasure;
- right to object to processing based on public interest;
- right to data portability;
- right to object to profiling or making decisions about individuals by automated means?

5.13 Do you have a procedure in place if a data subject wishes to withdraw from the study? Please explain.

Section 6: RISK, BENEFIT AND HARM

6.1 What is the potential for an adverse outcome (for example, illness, pain, discomfort, distress, inconvenience) for research participants? NOTE: for the protection of both the investigator and the participant, this list must be suitably comprehensive and must also appear in full in the participant information leaflet.

** Please note that any substantive adverse events *must* be reported. See procedures for this on https://www.tcd.ie/research/support/ethics-approval.php

6.2 Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting. If yes, please provide specific detailed procedures in place to deal with these issues. Give specific names of counselling or other support services that might be offered to participants.

6.3 Is it possible that criminal or other disclosures requiring action could take place during the study? If YES, please provide specific detailed procedures in place to deal with these issues and who will be informed if disclosures occur. This information needs to be included in the participant information leaflet.

6.4 What is the potential benefit for research participants? please outline only the direct benefits.

SECTION 7: FUNDING & PAYMENT

7.1 Outline sources of funding for the study if applicable and how you will manage possible conflict between the funders of the study and the aims and results of the study (if applicable).

7.2 Will the results of the study be used or disclosed for commercial purposes? If yes please also indicate in the participant information leaflet and indicate that the participant will not commercially benefit.

7.3 Will payment be made to research participants?

7.4 If you answered YES to question 7.3, please specify for what purpose the payment will be made and the amount to be provided to each participant.

SECTION 8: ETHICAL APPROVAL FROM OTHER COMMITTEES, FROM NON-TRINITY FACILITIES

Ethical approval from Trinity research committees if granted, does not supersede any requirements that outside bodies which may have the need for similar applications to be made to local ethical approval bodies in advance of the study commencing.

8.1 Has ethical approval been sought from any other organisation(s) in which the study will take place?

YES	NO	N/A : IF N/A, PLEASE EXPLAIN WHY

If you answer N/A, please proceed directly to Section 9.

8.2 If you have answered YES to question **8.1**, where has approval been sought from and has ethical approval been given? If a **Data Protection Impact Assessment [DPIA]** was required for this application please insert as an appendix to this application.

YES	Awaiting Reply	NO	*If No, please explain Why*

8.3 If you have answered **NO** to question **8.1**, is it your intention to seek ethical approval from the organisation(s) in which the study will take place?

YES	NO	IF NO, PLEASE EXPLAIN WHY

8.4 Do you require, and have you sought access to collect data from specific groups either within or outside Trinity to conduct your research please list them here and attach the letter(s) of permission to your application. This includes sports clubs, hospitals, care facilities, community services, etc.

Name of facility: Responsible person:

Section 9: Declaration

Signature of applicant *I declare that the information given herein is accurate. I have read* **Trinity's Policy on Good Research Practice** *and will follow the guidelines therein. I have read and understood the TCD Data Protection Policy.*	**Signature:** **Date:**
Signature of Supervisor *I declare that the information given herein is accurate. I have read* **Trinity's Policy on Good Research Practice** *and will follow the guidelines therein.*	**Signature:** **Date:**

Approval by the School's Ethics Committee *Based on the information available on this form, the REC believes the ethical risks in this project are negligible and will be appropriately mitigated during the course of the research.*[3]	**Signature:** **Date:**

[3] Primary responsibility for ensuring ethical conduct in research rests with the Principal Investigator(s).