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**College of Medical, Veterinary & Life Sciences Ethics Committee for**

**Non-Clinical Research Involving Human Participants**

**APPLICATION FORM FOR ETHICAL APPROVAL FOR RESEARCH INVOLVING ALREADY AVAILABLE DATA**

**NOTES:**

**THIS APPLICATION FORM SHOULD BE TYPED NOT HANDWRITTEN.**

**ALL QUESTIONS MUST BE ANSWERED. “NOT APPLICABLE” IS A SATISFACTORY ANSWER WHERE APPROPRIATE.**

 **Does your research involve storage of** [**personal and identifiable**](https://www.gla.ac.uk/myglasgow/dpfoioffice/a-ztopics/personaldata/) **or** [**special category data**](https://www.gla.ac.uk/myglasgow/dpfoioffice/a-ztopics/specialcategoriesdata/)**? If so, you may need to complete a Data Protection Impact Assessment (DPIA) and a Privacy Notice.**

* **Information on** [**DPIAs**](https://www.gla.ac.uk/myglasgow/dpfoioffice/gdpr/dpia/) **and** [**Privacy Notices**](https://www.gla.ac.uk/myglasgow/dpfoioffice/gdpr/privacy%20notices/)
* **Information on the** [**General Data Protection Regulation (GDPR)**](https://www.gla.ac.uk/myglasgow/dpfoioffice/gdpr/)
* **Information on** [**Research Data Management**](https://www.gla.ac.uk/myglasgow/datamanagement/)
* [**University of Glasgow policy on surveys of students for research purposes**](https://www.gla.ac.uk/myglasgow/senateoffice/policies/studentengagement/studentsurveys/policyonstudentsurveys/)

**Project Details**

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| 1. **Project title**
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| 1. **Name and position of Principal Researcher**
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| 1. **Is this project relevant to the current COVID-19 pandemic?**
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| 1. **Has this application been previously submitted to this or any other ethics committee? If ‘Yes’, please state the title and reference number.**
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| 1. **List who is doing the research and their qualifications. Have the researchers done any courses in data governance?**
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| 1. **Is this a student research project? If yes, confirm if undergraduate, post graduate research (PGR) or post graduate taught (PGT) and confirm supervisory arrangements.**
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| 1. **Describe the purpose of the research proposed.**

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| 1. **Does this research involve use of NHS data?**
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| 1. **Describe the data source being used.**
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| 1. **What are the processes and approvals needed to access the data?**
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| 1. **Is use of data consented for this purpose? If not, please justify use of the data for the research.**
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| 1. **Will you process any** [**personal identifiable**](https://www.gla.ac.uk/myglasgow/dpfoioffice/a-ztopics/personaldata/) **or** [**special category**](https://www.gla.ac.uk/myglasgow/dpfoioffice/a-ztopics/specialcategoriesdata/) **data?**
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| 1. **Is there a risk that people could be identified from the data?**
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| 1. **Summarise your data management plan, including plans for dissemination of findings.**
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| 1. **How is the research being funded?**
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| 1. **What is the start and end date of the research?**
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| 1. **Describe any potential conflicts of interest.**
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| **INCLUDE A COPY OF THE SURVEY RESEARCHERS’ CVs WITH THE APPLICATION.** |

**Confirmation and Signatures**

**Please initial box to confirm that all relevant research data generated during and after the study will be collected and held in compliance with the General Data Protection Regulation (May 2018).**

**Please initial box to confirm data will be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University’s** [**Code of Good Practice in Research**](https://www.gla.ac.uk/research/strategy/ourpolicies/)**.**

**Please initial box to confirm that you have read the University of Glasgow’s** [**Data Protection Policy**](https://www.gla.ac.uk/myglasgow/dpfoioffice/policiesandprocedures/dpa-policy/) **and the University’s mandatory** [**online GDPR and Information Security modules**](https://moodle.gla.ac.uk/login/index.php) **have been**

**successfully completed.**

**Please initial box to confirm appropriate insurance arrangements are in place.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Proposer of research)**

Please type your name on the line above.

**For student projects:**

**I confirm that I have read and contributed to this submission and believe that the methods proposed, and ethical issues discussed are appropriate.**

**I confirm that the student will have the time and resources to complete this project.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Supervisor of student)**

Please type your name on the line above.

**Please upload the completed and signed form, along with other required documents by logging in to the Research Ethics System at -** [**https://frontdoor.spa.gla.ac.uk/login/**](https://frontdoor.spa.gla.ac.uk/login/)