

Low Risk Research Ethics Approval Checklist

Applicant Details

Name: Anita Kaur	E-mail: kaura25@uni.coventry.ac.uk
Department: Media	Date: 15/1/17
Course: Media Production	Title of Project: Unity in the Community

Project Details

<p>Summary of the project in jargon-free language and in not more than 120 words:</p> <p>A short biographical documentary focusing on the life of Hector Pinkney, a community worker based in handsworth. This documentary will challenge the stereotype that Handsworth is a bad area to live in, and will also touch upon the fact how a black man changed the community for the better and challenging the media's stereotype of black males.</p> <p>I will be gathering date of Hector's life, from his childhood to how he became such a well-known community worker. I will also be gathering information from his friends, family and members of the handsworth community. This will all be edited together to create a story of Hectors life.</p>

Risk to Participants

1. Will the project involve human patients/clients, health professionals, and/or patient (client) data and/or health professional data?	Yes	<input checked="" type="radio"/> No
2. Will any invasive physical procedure, including collecting tissue or other samples, be used in the research?	Yes	<input checked="" type="radio"/> No
3. Is there a risk of physical discomfort to those taking part?	Yes	<input checked="" type="radio"/> No
4. Is there a risk of psychological or emotional distress to those taking part?	Yes	<input checked="" type="radio"/> No
5. Is there a risk of challenging the deeply held beliefs of those taking part?	Yes	<input checked="" type="radio"/> No
6. Is there a risk that previous, current or proposed criminal or illegal acts will be revealed by those taking part?	Yes	<input checked="" type="radio"/> No
7. Will the project involve giving any form of professional, medical or legal advice, either directly or indirectly to those taking part?	Yes	<input checked="" type="radio"/> No

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project.

- If you are a student, please discuss your project with your Supervisor.
- If you are a member of staff, please discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval Routes.

Risk to Researcher

8. Will this project put you or others at risk of physical harm, injury or death?	Yes	No
9. Will project put you or others at risk of abduction, physical, mental or sexual abuse?	Yes	No
10. Will this project involve participating in acts that may cause psychological or emotional distress to you or to others?	Yes	No
11. Will this project involve observing acts which may cause psychological or emotional distress to you or to others?	Yes	No
12. Will this project involve reading about, listening to or viewing materials that may cause psychological or emotional distress to you or to others?	Yes	No
13. Will this project involve you disclosing personal data to the participants other than your name and the University as your contact and e-mail address?	Yes	No
14. Will this project involve you in unsupervised private discussion with people who are not already known to you?	Yes	No
15. Will this project potentially place you in the situation where you may receive unwelcome media attention?	Yes	No
16. Could the topic or results of this project be seen as illegal or attract the attention of the security services or other agencies?	Yes	No
17. Could the topic or results of this project be viewed as controversial by anyone?	Yes	No

If you answered **Yes** to **any** of these questions, this is **not** a low risk project. Please:

- If you are a student, discuss your project with your Supervisor.
- If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval route.

Informed Consent of the Participant

18. Are any of the participants under the age of 18?	Yes	No
19. Are any of the participants unable mentally or physically to give consent?	Yes	No
20. Do you intend to observe the activities of individuals or groups without their knowledge and/or informed consent from each participant (or from his or her parent or guardian)?	Yes	No

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project. Please:

- If you are a student, discuss your project with your Supervisor.
- If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval route.

Participant Confidentiality and Data Protection

21. Will the project involve collecting data and information from human participants who will be identifiable in the final report?	Yes	No
22. Will information not already in the public domain about specific individuals or institutions be identifiable through data published or otherwise made available?	Yes	No
23. Do you intend to record, photograph or film individuals or groups without their knowledge or informed consent?	Yes	No
24. Do you intend to use the confidential information, knowledge or trade secrets gathered for any purpose other than this research project?	Yes	No

If you answered **Yes** to **any** of these questions, this may **not** be a low risk project:

- If you are a student, discuss your project with your Supervisor.
- If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval routes.

Gatekeeper Risk

25. Will this project involve collecting data outside University buildings?	Yes	No
26. Do you intend to collect data in shopping centres or other public places?	Yes	No
27. Do you intend to gather data within nurseries, schools or colleges?	Yes	No
28. Do you intend to gather data within National Health Service premises?	Yes	No

If you answered **Yes** to **any** of these questions, this is **not** a low risk project. Please:

- If you are a student, discuss your project with your Supervisor.
- If you are a member of staff, discuss your project with your Faculty Research Ethics Leader or use the Medium to High Risk Ethical Approval or NHS or Medical Approval routes.

Other Ethical Issues

29. Is there any other risk or issue not covered above that may pose a risk to you or any of the participants?	Yes	No
30. Will any activity associated with this project put you or the participants at an ethical, moral or legal risk?	Yes	No

If you answered **Yes** to these questions, this may **not** be a low risk project. Please:

- If you are a student, discuss your project with your Supervisor.
- If you are a member of staff, discuss your project with your Faculty Research Ethics Leader.

Principal Investigator Certification

If you answered **No** to **all** of the above questions, then you have described a low risk project. Please complete the following declaration to certify your project and keep a copy for your record as you may be asked for this at any time.

Agreed restrictions to project to allow Principal Investigator Certification

Please identify any restrictions to the project, agreed with your Supervisor or Faculty Research Ethics Leader to allow you to sign the Principal Investigator Certification declaration.

Participant Information Leaflet attached.

Informed Consent Forms attached.

Principal Investigator's Declaration

Please ensure that you:

- Tick all the boxes below and sign this checklist.
- Students must get their Supervisor to countersign this declaration.

I believe that this project does not require research ethics approval . I have completed the checklist and kept a copy for my own records. I realise I may be asked to provide a copy of this checklist at any time.	
I confirm that I have answered all relevant questions in this checklist honestly.	
I confirm that I will carry out the project in the ways described in this checklist. I will immediately suspend research and request a new ethical approval if the project subsequently changes the information I have given in this checklist.	

Signatures

If you submit this checklist and any attachments by e-mail, you should type your name in the signature space. An email attachment sent from your University inbox will be assumed to have been signed electronically.

Principal Investigator

Signed (Principal Investigator or Student)

Date

Students storing this checklist electronically must append to it an email from your Supervisor confirming that they are prepared to make the declaration above and to countersign this checklist. This-email will be taken as an electronic countersignature.

Student's Supervisor

Countersigned (Supervisor)

Date 22.2.17

I have read this checklist and confirm that it covers all the ethical issues raised by this project fully and frankly. I also confirm that these issues have been discussed with the student and will continue to be reviewed in the course of supervision.