

## APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

**Please read the notes for guidance before completing ALL sections of the form.**

**This form must be completed and approved prior to undertaking any research activity.** Please see Checklist for details of process for different categories of application.

### SECTION A: About You (Principal Researcher)

|                                 |                          |                     |                                     |
|---------------------------------|--------------------------|---------------------|-------------------------------------|
| Full Name:                      | ASHLEY CALVERT           |                     |                                     |
| Tick all boxes which apply:     |                          |                     |                                     |
| Member of staff:                | <input type="checkbox"/> | Student:            | <input checked="" type="checkbox"/> |
| Honorary research fellow:       | <input type="checkbox"/> |                     |                                     |
| Faculty/School/Centre:          | BUSINESS SCHOOL SWANSEA  |                     |                                     |
| Campus:                         |                          |                     |                                     |
| E-mail address:                 | Pembroke@live.com        |                     |                                     |
| Contact Telephone Number:       | 0788 7564860             |                     |                                     |
| <b>For students:</b>            |                          |                     |                                     |
| Student Number:                 | 1706782                  | Undergraduate       | <input type="checkbox"/>            |
| Programme of Study:             | MBA                      | Taught Postgraduate | <input type="checkbox"/>            |
| Director of Studies/Supervisor: | JAYNE WILLIAMS           | Research            | <input type="checkbox"/>            |

### SECTION B: Approval for Research Activity

|                                                                                                                                                                                                              |                            |                          |    |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|----|-------------------------------------|
| Has the research activity received approval in principle?<br>(please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual) | YES                        | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                              |                            |                          |    | <b>Date</b>                         |
| If Yes, please indicate source of approval (and date where known):                                                                                                                                           | Research Degrees Committee | <input type="checkbox"/> |    |                                     |
|                                                                                                                                                                                                              | Faculty Research Committee | <input type="checkbox"/> |    |                                     |
|                                                                                                                                                                                                              | Other (write in)           | <input type="checkbox"/> |    |                                     |

Approval in principle **must** be obtained from the relevant source prior to seeking ethical approval.

### SECTION C: External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines.

|  |                          |
|--|--------------------------|
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |

### SECTION D: External Collaborative Research Activity

|                                                                                                                        |               |                                     |    |                          |
|------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------|----|--------------------------|
| Does the research activity involve collaborators outside of the University?                                            | YES           | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| If Yes, please provide the name of the external organisation and name and contact details for the main contact person: |               |                                     |    |                          |
| Institution                                                                                                            | NOT AVAILABLE |                                     |    |                          |
| Contact person name                                                                                                    |               |                                     |    |                          |
| Contact person e-mail address                                                                                          |               |                                     |    |                          |

### Where research activity is carried out in collaboration with an external organisation

|                                                                                                |     |                          |    |                                     |
|------------------------------------------------------------------------------------------------|-----|--------------------------|----|-------------------------------------|
| Does this organisation have its own ethics approval system?                                    | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| If Yes, please attach a copy of any final approval (or interim approval) from the organisation |     |                          |    |                                     |

### SECTION E: Details of Research Activity

|                                                                                                                                                                                                                                                                                                                                                                   |         |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|--|
| Indicative title:                                                                                                                                                                                                                                                                                                                                                 | MEETING |                    |  |
| Proposed start date:                                                                                                                                                                                                                                                                                                                                              |         | Proposed end date: |  |
| <b>Purpose of research activity (including aims and objectives)</b><br>Outline the purpose, aims and objectives of the research activity, including key research questions. Show briefly how existing research has informed the proposed activity and explain what the research activity will add and how it addresses an area of importance. (Maximum 300 words) |         |                    |  |
| MEETING<br>(this box should expand as you type)                                                                                                                                                                                                                                                                                                                   |         |                    |  |
| <b>Proposed methods</b><br>Provide a brief summary of all the methods that <b>may</b> be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. (Maximum 600 words)                  |         |                    |  |
| CONVERSATION<br>(this box should expand as you type)                                                                                                                                                                                                                                                                                                              |         |                    |  |

**Location of research activity**

Identify all locations where research activity will take place.

*HAVERFORDWEST*

(this box should expand as you type)

**Research activity outside of the UK**

If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural sensitivities or vulnerabilities of participants.

(this box should expand as you type)

**SECTION F: Scope of Research Activity**

| Will the research activity include:                                                                                                             | YES                                 | NO                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Use of a questionnaire or similar research instrument?                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Use of interviews?                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Use of diaries?                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Participant observation with their knowledge?                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Participant observation without their knowledge?                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Use of video or audio recording?                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Access to personal or confidential information without the participants' specific consent?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Performance of any acts which may cause embarrassment or affect self-esteem?                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Investigation of participants involved in illegal activities?                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Use of procedures that involve deception?                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Administration of any substance, agent or placebo?                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Working with live vertebrate animals?                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Other primary data collection methods, please explain in this box                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

## SECTION G: Intended Participants

| Who are the intended participants:                                                                                 | YES                      | NO                       |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Students or staff at the University?                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults (over the age of 18 and competent to give consent)?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Vulnerable adults?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Children under 18?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Prisoners?                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Young offenders?                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper? | <input type="checkbox"/> | <input type="checkbox"/> |
| People engaged in illegal activities?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (please identify):                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

### Participant numbers and source

Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?

(this box should expand as you type)

| Information for participants:                                                                                                                       | YES                      | NO                       | N/A                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you tell participants that their participation is voluntary?                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you obtain written consent for participation?                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If the research is observational, will you ask participants for their consent to being observed?                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you tell participants that they may withdraw from the research at any time and for any reason?                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With questionnaires, will you give participants the option of omitting questions they do not want to answer?                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO to any of above questions, please give an explanation                                                                                         |                          |                          |                          |
| (this box should expand as you type)                                                                                                                |                          |                          |                          |

| <b>Information for participants:</b>                                                                                                               | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Will participants be paid?                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is specialist electrical or other equipment to be used with participants?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any financial or other interests to the investigator or University arising from this study?                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES to any question, please provide full details                                                                                                |                          |                          |                          |
| (this box should expand as you type)                                                                                                               |                          |                          |                          |

## SECTION H: Anticipated Risks

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.</b>                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Risks to participants</b><br>For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information                                                                                                                                                                                                                                                                                                                                                                                                         |
| (this box should expand as you type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities |
| (this box should expand as you type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Risks to investigator</b><br>For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (this box should expand as you type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>University/institutional risks</b><br>For example: adverse publicity, financial loss, data protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (this box should expand as you type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Adverse outcomes</b><br>List measures put in place to limit any adverse effects or outcomes of research activity where appropriate. Include any emergency protocols.                                                                                                                                                                                                                                                                                                                                                                                                       |
| (this box should expand as you type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| <b>Disclosure and Barring Service</b>                                                                                                                                           |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants. |                          |                          |                          |
|                                                                                                                                                                                 | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Has a DBS certificate been obtained?                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION I: Feedback, Consent and Confidentiality**

**Feedback**

What feedback will be provided to participants, how will this be done and when?

None

(this box should expand as you type)

**Informed consent**

Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded.

Telephone call - mutually agree to meet to discuss project

(this box should expand as you type)

**Confidentiality / Anonymity**

Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.

Not provided

(this box should expand as you type)

## SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (<http://uwtsd.ac.uk/library/research-data-management/>).

|                                                                                            | YES                      | NO                                  |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| Does the research activity involve personal data (as defined by the Data Protection Act)?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, provide a description of the data and explain why this data needs to be collected: |                          |                                     |
|                                                                                            |                          |                                     |
| (this box should expand as you type)                                                       |                          |                                     |
| Does it involve sensitive personal data (as defined by the Data Protection Act)?           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, provide a description of the data and explain why this data needs to be collected: |                          |                                     |
|                                                                                            |                          |                                     |
| (this box should expand as you type)                                                       |                          |                                     |

| Will the research activity involve any of the following activities:                                                                                                          | YES                      | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| Electronic transfer of data in any form?                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sharing of data with others at the University?                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sharing of data with other organisations?                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Export of data outside the European Union or importing of data from outside the UK?                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Use of personal addresses, postcodes, faxes, emails or telephone numbers?                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Publication of data that might allow identification of individuals?                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Use of data management system?                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Data archiving?                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES to any question, please provide full details, explaining how this will be conducted in accordance with the Data Protection Act (and/or any international equivalent): |                          |                                     |
|                                                                                                                                                                              |                          |                                     |
| (this box should expand as you type)                                                                                                                                         |                          |                                     |

| Will the research activity involve storing personal data on one of the following: | YES                      | NO                                  |
|-----------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| Manual files (i.e. in paper form)?                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| University computers?                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Private company computers?                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Home or other personal computers?                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Laptop computers/ CDs/ Portable disk-drives/ memory sticks?                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| "Cloud" storage or websites?                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other – specify:                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

For all stored data, explain the measures in place to ensure data confidentiality, including details of password protection, encryption and anonymisation:

(this box should expand as you type)

List all who will have access to the data generated by the research activity:

(this box should expand as you type)

List who will have control of, and act as custodian(s) for, data generated by the research activity:

(this box should expand as you type)

Give details of data storage arrangements, including where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.

(this box should expand as you type)

## SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants.

In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's [Research Ethics and Integrity Code of Practice](#)

Signature of applicant:

Date:

24/5/18

### For students:

|                                 |  |
|---------------------------------|--|
| Director of Studies/Supervisor: |  |
| Signature:                      |  |
| Date:                           |  |

### For staff:

|                                |  |
|--------------------------------|--|
| Head of School/Assistant Dean: |  |
| Signature:                     |  |
| Date:                          |  |

**Checklist:** Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

|                                     |                                                                                                                                                                                                                                                         |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I have read the guidance notes supplied before completing the form.                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | I have completed <b>ALL RELEVANT</b> sections of the form in full.                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | I confirm that the research activity has received approval in principle                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | I have attached a copy of final/interim approval from external organisation (where appropriate)                                                                                                                                                         |
| <input checked="" type="checkbox"/> | I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.                                                                                   |
| <input checked="" type="checkbox"/> | I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Head of School. |

### RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to [pgresearch@uwtsd.ac.uk](mailto:pgresearch@uwtsd.ac.uk), with the title 'Ethical Approval' followed by your name.

You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly.

**STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES** should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages:

<http://www.uwtsd.ac.uk/academic-office/>