



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

APPLICATION FOR ETHICAL APPROVAL – BA level

CAIS AM GYMERADWYAETH MOESEGOL – Lefel BA

Mae'r ffurflen hon i'w chwblhau gan bob BA myfyrwr. Rhaid i bob ffurflen gael ei ystyried gan diwtor y modiwl. Dylai un copi o'r ffurflen yn cael ei roi ar y ffeiliau Gyfadran ac un copi cadw ar y ffeil myfyrwr.

This form is to be completed by all BA Leadership and Management students conducting independent projects. This form should be completed by the student. All forms must be considered by the Module Lead- Maria Heffernan. A copy of the form must be kept centrally and on the student file.

ADRAN 1 – MANYLION MYFYRIWR

SECTION 1 - STUDENT DETAILS

Enw Llawn Full Name	Masuk Ali		
Ysgol/Cyfadrn/ School/Faculty		Rhif Myfyrwr Student Number	2021839
Cydlynnydd prosiect / Tiwtor Module Tutor/ Programme Co-ordinator		Enw'r Gradd Name of Degree	BA Developing leadership and management

Teitl dangosol yr Traethawd Hir:

Indicative Title of the Independent Project:

Put in title

An Analysis into the Health and Wellbeing of Workers at Home and Organised Based Working With Particular Reference to Emotional Intelligence

**ADRAN 2 – MANYLION CYFRANOGWYR /
CYNULLEIDFA**

**SECTION 2 - PARTICIPANT / AUDIENCE
DETAILS**

Pwy yw'r cyfranogwyr arfaethedig?	Who are the intended participants?	Ydw / Yes	Na / No
Myfyrwyr / staff Y Drindod Dewi Sant	Students / staff of Trinity Saint David	yes	
Oedolion (dros oed 16 ac yn gymwys i gydsynio)	Adults (over the age of 16 and competent to give consent)	yes	
Plant a phobl ifanc dan oed	Children / legal minors		no
Cleifion neu gleientiaid gweithwyr proffesiynol	Patients or clients of professionals		no

Rhywun sy'n cael ei gadw yn y ddalfa neu y mae'r llys wedi cymryd cyfrifoldeb amdano	Anyone in custodial care or for whom the court has assumed responsibility		no
Aelod o unrhyw sefydliad lle mae'n bosibl bod angen i unigolyn arall hefyd gydsynio.	A member of any organisation where another individual may also need to give consent.		no
Eraill: Nodwch: / Others: please identify:			

Nifer, Oed a Ffynhonnell y Cyfranogwyr Rhowch fanylion yr demograffeg y cyfranogwyr / gynulleidfa.		Participant / Audience Number and Age Provide details of the demographics of the participants / audience.
Nifer o Gyfranogwyr / yn y Gynulleidfa	Participant/ Audience number	50 people
Grŵp oedran y Cyfranogwyr/y Gynulleidfa	Participant/ Audience age group	18-70 years

ADRAN 3 – GWEITHGAREDD YMCHWIL

SECTION 3 – RESEARCH ACTIVITY

1.	Ydy'r prosiect yn cynnwys:	Does the project include:	Ydy / Yes	Nac ydy/No
	Defnyddio holiadur neu offeryn ymchwil tebyg	Use of questionnaire or similar research instrument	yes	
	Defnyddio prawf ysgrifenedig neu gyfrifiadurol	Use of written or computerised test		no
	Cyfweliad (cysylltwch gwestiynau posibl)	Interview (attach provisional questions)	yes	
	Dyddiaduron	Diaries		no
	Arsylwi ar gyfranogwyr a hwythau'n ymwybodol o hynny	Participant observation with their knowledge		no
	Arsylwi ar gyfranogwyr a hwythau ddim yn ymwybodol o hynny	Participant observation without their knowledge		no
	Recordio fideo neu sain	Video or audio-taping		no
	Mynediad i wybodaeth bersonol neu gyfrinachol heb gydsyniad penodol y cyfranogwyr	Access to personal or confidential information without the participants specific consent		no
	Defnyddio unrhyw gwestiynau, ysgogiadau prawf, cyflwyniad y gallai rhai cyfranogwyr eu profi fel rhywbeth sy'n achosi niwed / tramgwydd corfforol, meddyliol neu emosiynol	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive		no
	Cyflawni unrhyw weithredoedd allai achosi embaras neu effeithio ar hunan-barch	Performance of any acts which may cause embarrassment or affect self-esteem		no

Ymchwilio i gyfranogwyr sy'n ymwneud â gweithgareddau anghyfreithlon	Investigation of participants involved in illegal activities		no
Gweithdrefnau lle defnyddir twyll	Procedures that involve deception		no
Gweini unrhyw sylwedd, cyfrwng neu blasebo	Administration of any substance, agent or placebo		no
Dull arall o gasglu data neu fformat cyflwyno (esboniwch)	Other method of data collection or presentation format (please explain)		no

2. Restrur eich dull o gasglu data	List your method of data collection:
Describe your methods of data collection 1. Questionnaire 2. Interview	

3. Risg Posibl: (corfforol, seicolegol, cyfreithiol, cymdeithasol neu economaidd)	Potential Risk: (physical, psychological, legal, social or economic)		
A oes unrhyw risg bosibl i:	Is there any potential risk to:	Ydw / Yes	Na / No
A Cyfranogwyr?	Participants?		no
B Ymchwilydd?	Researcher?		no
C BrifYsgol/Cyfadrn?	University?		no

4. Rheoli Risg: Os oes, beth yw'r risg a sut y bydd yn cael ei reoli?	Management of Risk: If yes, what is the risk and how will it be managed?
no	

5.	Os ydych yn delio â phlant a / neu oedolion agored i niwed, rhaid i chi gyflwyno eich tystysgrif DBS i'ch tiwtor goruchwylio i'w cymeradwyo cyn i unrhyw gysylltiad â cyfranogwyr hyn.	If you are dealing with children and/ or vulnerable adults you must present your DBS certificate to your supervising tutor for approval before any contact with these participants.	
		Ydw / Yes	Na / No
A	Ydych chi wedi gwneud cais am dystysgrif DBS?	Have you applied for a DBS certificate?	no
B	A yw eich tiwtor weld a'i gadarnhau eich tystysgrif DBS?	Has your tutor seen and approved your DBS certificate?	no

6.	A fyddwch yn cael cydsyniad gwybodus ysgrifenedig gan eich cyfranogwyr?	Will you obtain written informed consent from your participants?		
				Ydw / Yes
				Na / No
A	Os na fyddwch, pam hynny?	If no, why not?	yes	
B	Os byddwch, sut byddwch yn sicrhau cydsyniad gwybodus?	If yes, how will you secure informed consent?	Electronic checkbox on questionnaire	
Rhowch eglurhad / Please explain:				
Cynhwyswch gopi o'r ffurflen gydsynio os ydych yn defnyddio un.		Please include a copy of the consent form if you are using one.		

ADRAN 4		SECTION 4	
CEFNOGWYD /APPROVED		NIS CEFNOGWYD/ NOT SUPPORTED	
Datganiad Mae'r wybodaeth a gynhwysir yma yn gywir, hyd eithaf fy ngwybodaeth a'm cred. Rwyf wedi ceisio dynodi unrhyw risgiau a phroblemau sy'n gysylltiedig â'r prosiect / ymchwil neu gynhyrchiad ac rwyf yn cydnabod f'ymrwymadau innau a hawliau'r cyfranogwyr.		Declaration The information contained herein is, to the best of my knowledge and belief, accurate. I have attempted to identify any risks and issues related to the project/research or production and acknowledge my obligations and the rights of the participants.	

Llofnodau Dylai'r ffurflen hon gael ei chwblhau a'i llofnodi gan y myfyriwr a'r Cydlynnydd y prosiect /Twitor	Signatures This form should be completed and signed by the student and the Module tutor/Programme Co-ordinator.
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Myfyriwr / Student Masuk Ali	Dyddiad: / Date: 04/02/2024
Cydlynnydd y prosiect /Twitor Project co-ordinator / Supervisor	Dyddiad: / Date:
Sefydliad / Organisation	Dyddiad: / Date:



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Cyfranogwr Rhif Adnabod:
Participant Identification Number:

2021839

CWESTIYNAU CYFWELIAD SAMPL

SAMPLE INTERVIEW/ SURVEY QUESTIONS

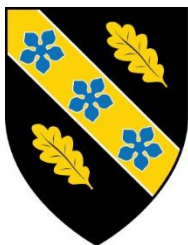
TEITL Y PROSIECT: / PROJECT TITLE:

An Analysis into the Health and Wellbeing of Workers at Home and Organised Based Working With Particular Reference to Emotional Intelligence

1	Sample of questionnaire or interview questions you need at least 6. What are the biggest challenges you have or are currently facing at work that affects your health and wellbeing? 1. Lack of support 2. Lack of resources 3. Not feeling part of a team 4. Overworked and undervalued 5. other
2	How do you feel being back in the workplace after the Covid pandemic? 1. Overwhelmed 2. Ready for some normality 3. Prefer to work from home 4. Would like to work in both environments 5. Other
3	Did you feel you could speak to management about any concerns you were or are currently facing? 1. Yes 2. No
4	If yes, did management/organisation offer any support help elevate your concerns? 1. Yes 2. no

5	If you could change one aspect about your workplace to improve your health and wellbeing, what would it be, and how would it positively impact you at work? Please elaborate.....
6	Have you ever had a period when your mental health affected your performance at work, positively or negatively? If yes, please explain
7	Are you intending to maintain your current work-life balance? Please explain why
8	If you live with others, do you feel your work allows you to spend the amount of time you want with them? 1. Yes 2. No
9	Have you ever felt isolated at work? Are you still experiencing isolation from any employees of the company? 1. Yes 2. No
10	

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER Masuk Ali 42 Brunswick Street Swansea SA1 4JP
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Cyfranogwr Rhif Adnabod:
Participant Identification Number:

2021839

FFURFLEN GANIATÂD CYFRANOGIAD

PARTICIPATION CONSENT FORM

TEITL Y PROSIECT: / PROJECT TITLE:

An Analysis into the Health and Wellbeing of Workers at Home and Organised Based Working With Particular Reference to Emotional Intelligence

Name of Researcher: Masuk Ali

Please initial box

1. I confirm that I have read and understand the information sheet dated **XXXX** for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

☐

3. I understand that any information given by me may be used in future reports, articles or presentations by the research team.

☐

4. I understand that my name will not appear in any reports, articles or presentations.

☐

5. I agree to take part in the above study.

☐

Name of Participant

Date

Signature

Masuk Ali

04/02/2024

Researcher

Date

Signature

You may decline to participate in this study. You may end your participation in this study at any time. If you decide to remain anonymous, maintaining your anonymity will be a priority and every practical precaution will be taken to disguise your identity. If you prefer anonymity, there will not be any identifying information on audiotapes or transcripts of this or any interview. No-one will hear any audiotapes or see any transcripts without your prior consent. All materials generated from this or any interview will remain confidential.

When completed, please return in the envelope provided (if applicable). One copy will be given to the participant and the original to be kept in the file of the research team at:

PLACE:

ENW A CHYFEIRIAD YR YMCHWILYDD

NAME & ADDRESS OF RESEARCHER

Masuk Ali
42 Brunswick Street

	Swansea SA1 4JP
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FFURFLEN GANIATÂD CYFRANOGIAD

SAMPLE PARTICIPANT INFORMATION SHEET

TEITL Y PROSIECT: / PROJECT TITLE:

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***THIS FORM IS TO BE AMENDED AND ADAPTED AS NECESSARY**

Dear Participant:

My name is Masuk Ali and I am studying in the School of UWTSD.

I would like to invite you to participate in my research project. This project will analyse the health and wellbeing of workers at home and organised based working and aims to critically compare home and organised based working around the time of the Covid-19 pandemic with particular reference to emotional intelligence

*Attached to this letter is a short questionnaire developed by Masuk Ali which will assess the approaches to home and organisation-based working before, during and after the Covid pandemic. I believe your opinions will be extremely helpful to me.

Through your participation in the questionnaire and/or interviews, I hope to ascertain your opinions, views and feelings regarding health and wellbeing during working.

All questionnaires will be kept strictly confidential to the researchers involved and at **NO** time will individual questionnaires be released to the general public. This gives you a chance to express your views on your programme a confidential and anonymous forum and still be able to make a difference. Your participation in this study is completely voluntary so you can withdraw from the questionnaire at any stage.

Our questionnaire should take about 30 minutes to complete, but there is no time constraint. There are also no right or wrong answers. Attached to this letter along with the questionnaire is an electronic consent check box and a consent form for interviewees and a feedback form will be included both data collection. As this is a new project, your feedback is also important to us, and we would be much obliged if you could also complete the feedback sheet along with the questionnaire. We understand that your time is at a premium but your opinions are very valuable to us.

After careful and precise analysis of the data obtained from this questionnaire, I will be happy to provide you with a copy of the findings at your request. The results of this questionnaire will hopefully enhance my understanding of health and wellbeing concepts at work and will be stored on the researcher's file. The results of the research will be fed back to UWTSD and the module lead.

We thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER Masuk Ali 42 Brunswick street Swansea SA1 4JP
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