**Ethics Validation Checklist for use on receipt of new application.**

*Please upload this checklist with the application to the relevant Moodle forum.*

|  |  |
| --- | --- |
| **Name of CI:** |  |
| **Project title:** |  |
| **Current Date:** |  |

*Please liaise with chair if the answer to any of the following questions are “no”.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Item** | | **Yes** | **No** | **N/A** |
| 1. | Has the application been emailed to the generic committee email address? | |  |  |  |
| 2. | If the application has been submitted by a student, has confirmation been **explicitly** received from the supervisor (an email would suffice)? | |  |  |  |
| 3. | Has the application been submitted using a template no more than a year old? | |  |  |  |
| 4. | Have sections 1 to 10 been **fully completed?**  *It is fine for other sections of the form to have N/A written.* | |  |  |  |
| 5. | Has the Chief Investigator attended ethics training? | |  |  |  |
| 6. | Is the start date of the study at least three weeks (15 working days) in advance of the submission/current date? | |  |  |  |
| 7. | Is the CI or supervisor a member of the faculty ethics committee?  *If yes please exclude from moodle review forum.* | |  |  |  |
| 8. | Have the following key review documents been submitted?  *These may not be relevant for all projects, but please check with the researcher that they intended* ***not*** *to submit these.* | |  |  |  |
|  |  | Participant Information Sheet(s) |  |  |  |
|  |  | Consent Form(s) |  |  |  |
|  |  | Peer / Independent Review |  |  |  |
|  |  | Recruitment Advertisement(s) |  |  |  |
|  |  | Questionnaires, interview questions and/or focus group questions |  |  |  |
| 9. | Has the application and all supporting documents been submitted as a single pdf file? *You may be able to help the applicant if they are having problems, but this needs to be done prior to the application being posted on Moodle.* | |  |  |  |
| 10. | Has the committee chair confirmed this application is suitable for review?  *Optional, depending on chairs preference.* | |  |  |  |

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| **Assigned reference number:** |  |
| Date: |  |
| Name (of FEC administrator): |  |