**This form must be completed by the applicant to support their IRAS application.**

**Please read the guidance on this web page to help with your application:** [**https://www.northumbria.ac.uk/research/ethics-and-integrity/external-approvals/**](https://www.northumbria.ac.uk/research/ethics-and-integrity/external-approvals/)

|  |
| --- |
| **Section 1 – Overview**  |
| **Name of Researcher** |  |
| **Submitting as** **Staff or Student**  |  |
| **Category of application** (Q.2) |  |
| **IRAS Project ID Number**  |  |
| **Title of Project**  |  |

|  |
| --- |
| **Section 2 – Other organisations**  |
| In order to determine legal sponsorship and ensure correct agreements are in place, we need information on any organisation other than Northumbria University involved in any way in this study.  |
| **Name of Organisation**  | **Funding to be transferred**  | **Purpose of the funding i.e. use of facilities, staff, premises or reimbursement of costs to participants**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section 3 – additional information**  |
| **Q9 - Is the study or any part of it being undertaken as an educational project?** | Yes / No If yes, state the name of the programme Note: Principle Supervisor will be required to complete Declaration B |  |
| **QA46 - Incentives and payments**  | Where incentives/payments are to be made to participants, confirm where this funding will be coming from i.e. Agresso code or departmental cost code  |  |
| **Q65 - External funding**  | If external funding has been secured, advise Funder and Agresso Code |  |
| **Q66- Sub-contracting**  | If Yes, confirm that funding is in place and/or agreement of the Head of Department if no external funding is in place |  |

***Declaration A and C*** *(except the Declaration on C) should be completed by the Researcher in all cases in order that the Pro Vice Chancellor (Research and Innovation) has assurance that they are aware of their roles, responsibilities and requirements as part of the project.*

***Declaration B*** *should be completed by the Academic Supervisor for education projects.*

**Northumbria’s IRAS Process and Guidance** [**here**](https://www.northumbria.ac.uk/research/ethics-and-governance/)**.**

**If you have any queries, contact** ethicssupport@northumbria.ac.uk

|  |
| --- |
| **Declaration A: By Chief Investigator / Researcher****Researcher/Chief Investigator responsibility** 1. To ensure that you are up-to-date with all Health and Safety training together with the university’s compulsory training relevant to your role/study.
2. To ensure that all risk assessments and Standard Operating Procedures are in place before any research is undertaken and to notify the Department Health and Safety Officer of any changes to ensure all due diligence/health and safety risks are identified and acted upon.
3. To have read and understood the Declaration for the Chief Investigator in the IRAS form and to comply with all requirements.
 |
| Where the research is reviewed by a Research Ethics Committee (REC) within the UK Health Departments Research Ethics, the summary of the study will be published on the website of the National Research Ethics Committee  | YES / NO |
| Specifically, for submissions to Research Ethics Committees (RECs) I declare that any and all clinical trials approved by the HRA since 30th September 2013 (as defined on IRAS categories as clinical trials of medicines, devices, combination of medicines and devices or other clinical trials) have been registered on a publically accessible register in compliance with the HRA registration requirements for the UK, or that any deferral granted by the HRA still applies | YES / NO |
| Note: Exceptionally the University will agree to Sponsor a Clinical Trial but this must be identified, discussed and approved initially prior to an application to IRAS. I confirm that is the case for this application. | How is this deemed a Clinical Trial?Name of approverDate of initial approval |
| I confirm that all information supplied on the IRAS application form is true and accurate for this research study and I will notify the Faculty’s Research Ethics Committee Chair if the study changes in any way in line with standard ethical approval.I have read and understood the IRAS declaration and confirm I am able to make the Chief Investigator declaration.  | Signed NameDate |

|  |
| --- |
| **Declaration B: By Academic Supervisor – For Educational Projects only****Overview** 1. The IRAS form requires the approval and signature of the person who is to be the student’s Academic Supervisor.
2. Before doing so, you must have read the research proposal and the IRAS application and be satisfied that the research is satisfactory for an educational qualification
3. You will fulfil the responsibilities as Academic Supervisor for the study as set out in the Research Governance Framework for Health and Social Care
4. You will ensure that the study is conducted in accordance with the ethical principles of the Declaration of Helsinki
5. You will ensure that the student is up to date and complies with the requirements of the law and guidelines relating to security and confidentiality of patient and personal data.
 |
| I confirm I have read and understand the declarations for Academic Supervisor and confirm that this is true and accurate and that I am able to make and comply with the requirements of the declaration | SignedNameDate |

|  |
| --- |
| **Declaration C: By Chief Investigator / Researcher****Overview** The IRAS form requires approval and signature by a representative of the Sponsor or Host university. This should be an authorised signatory within the Faculty who provides the authority on behalf of Northumbria. When acting as a Legal Sponsor, we are additionally declaring the following: |
| **The proposal has been discussed with the Chief Investigator and agreement in principle to sponsor the research is in place** | YES / NONotes: |
| **All necessary indemnity or insurance arrangements will be in place before the research begins**The arrangements for insurance are to cover:* insurance and/or indemnity to meet the potential legal liability of the sponsor(s) for harm to participants arising from the management of the research
* insurance and/or indemnity to meet the potential legal liability of the sponsor(s) or employer(s) for harm to participants arising from the design of the research
* insurance and/or indemnity to meet the potential legal liability of investigators/collaborators arising from harm to participants in the conduct of the research
 | Specify whether the liability is to be covered by Northumbria University insurance YES / NOIf NO it is assumed to be covered by the NHS InsuranceMembers of staff can access the Insurance Hub [here](https://livenorthumbriaac.sharepoint.com/sites/InsuranceHub/Pages/Home.aspx?e=1:1ae575a165134ed0942860469b6e2f02)Students can contactfi.insurance@northumbria.ac.uk to request * Public and Employer’s Liability letter from insurer
* Employer’s Liability Certificate​​

Attached YES / NO |
| **Arrangements are in place before the study commences for the Research Teams to access resources and support to deliver the research** | YES / NONotes: |
| **The duties of Sponsors as set out in the Research and Governance Framework for Health and Social Care will be undertaken in relation to this research (where applicable)** | Does the research involve the NHS? YES / NOIs Northumbria prepared to act as Legal Sponsor? YES / NO*NB Northumbria would only act as Legal Sponsor for Educational Projects and Research Projects led by Northumbria University*  |
| APPLICANT TO FORWARD THIS AND SUPPORTING DOCUMENTATION TO ETHICSSUPPORT@NORTHUMBRIA.AC.UK TO ARRANGE AUTHORISATION |
| Authorisation by the relevant Pro Vice-Chancellor |
| **I have read and understood the IRAS declarations for the Sponsor and confirm that this is true and accurate. I am able to make and comply with the declaration on behalf of the Northumbria University** | Signed Name Faculty Pro Vice-Chancellor / Delegated signatureDate |