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STRANMILLIS UNIVERSITY COLLEGE  
A College of The Queen's University of Belfast

### Research Proposal Form

This form should be completed for ALL applications for research grants to ensure that the correct financial calculations have been made to support the bid. The formal proposal documentation and guidance notes must be attached to this form. This form will become part of the audit file for the Project.

1. Title of Research Project:

2. Research Team

**Principal Investigator**

Name:

Position:

Permanent

Fixed Term Contract

Other

Full-time

Part-time

**Team Members**

Name:

Position:

Permanent

Fixed Term Contract

Other

Full-time

Part-time

Name:

Position:

Permanent

Fixed Term Contract

Other

Full-time

Part-time

Name:

Position:

Permanent

Fixed Term Contract

Other

Full-time

Part-time

3. Funding body:

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**4. Collaborative Project:**

Does this project involve Collaborative Partners Yes  No

If YES please indicate:

Lead Partner: Name Institution

Other Partners: Name Institution

**5. Funding Bid (Amount calculated using identified costs as shown in Appendix 1 and recommended by the Finance Manager)**

a. How much funding will the project attract? £

b. How much funding will the College attract? £

c. How much funding will each of the other partners receive? £

**6. Please include a draft timescale for the proposed project**

(a) Proposed start date:

(b) Proposed end date:

**7. Background to proposal:**

**8. Outline the link between the proposal and the College's Academic/Operational Plan**

**9. Proposed Methodology:**

**10. Please outline the key milestones and targets set for this project:**

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**11. How will the findings of this research project be disseminated?**

**Internally:**

**Externally:**

**12. Signatures:**

**Principal Investigator:**

**Name:**

**Signature:**

**Date:**

**Team Members:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**13. This section to be completed by the Head of Research Development**

**I support this application YES  NO**

**I support this application provided the following issues are addressed**

**I cannot support this application for the following reasons**

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**14. This section to be completed by Line Manager in consultation with other line managers, where appropriate.**

I support this application YES  NO

I support this application provided the following issues are addressed

I cannot support this application for the following reasons

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**15. Principal's Approval**

I support this application YES  NO

I support this application provided the following issues are addressed

I cannot support this application for the following reasons

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The most recent research and development audit form for each individual member of staff identified in Section 12 should be attached with this proposal form.**

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### Appendix 1: Funding Bid Calculations

	Estimated Costs	Comment
Lecturer Salary Cost (including employer's pension and National Insurance contributions) by: <ul style="list-style-type: none"><li>• PL Hourly Rate</li><li>• SL Hourly Rate</li></ul>		
Research Assistant Salary Cost (including employer's pension and National Insurance contributions) by: <ul style="list-style-type: none"><li>• Hourly Rate</li></ul>		
Administration Support Salary Cost (including employer's pension and National Insurance contributions) by: <ul style="list-style-type: none"><li>• Hourly Rate</li></ul>		
Travel Costs		
Subsistence Costs		
Dissemination Costs		
Consumables; Including: <ul style="list-style-type: none"><li>• printing costs</li><li>• posting</li><li>• stationary</li><li>• telephone</li></ul>		
Specific items of equipment required and costs		
Specific materials or assessment tools		
Other – please specify e.g. substitute cover		
Total Costs		
Level of Bid		
If there is a variation between the total costs and the level of the bid, please provide an explanation.		

These costings have been reviewed and approved by the Finance Manager Yes  No

Finance Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Appendix 2

### Stranmillis University College

#### Investigator's checklist for research ethics review

The University College is committed to ensuring that all research undertaken by its staff and students is conducted to the highest standards of integrity. Central to this is the consideration of ethical issues arising from research involving human participants, human material and data. The University Colleges policy is that all such research should undergo appropriate ethical scrutiny, to ensure that the rights, dignity, safety and well-being of all those involved are protected.

The following research ethics checklist should be completed **for every research project**. It is used to determine the amount of risk or harm entailed in a proposed study and to identify whether a full application for ethics approval needs to be submitted.

Ethical approval, where required, must be obtained before potential participants are approached to take part in any research.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Does the study involve participants who are particularly vulnerable or unable to give informed consent?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the study require the co-operation of a gatekeeper for initial access to groups or individuals to be recruited? (e.g. students at school or nursery, playgroups, members of self-help group) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g. covert observation of people in non-public places)                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the study involve discussion of sensitive topics (e.g. sexual activity, drug use)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the study involve prolonged or repetitive testing?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: This completed checklist should be attached to the Ethics application form**

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### Appendix 3



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### Ethics Application

**A copy of the original project/tender document should be attached**

1. **Principal Investigator:**

2. **Research Team Members:**

3. **Title of Project:**

4. **Project Duration**

(a) **Proposed start date:**

(b) **Proposed end date:**

5. **Aim of Research Project:**

6. **Research Objectives:**

7. **Research Design:**

8. **Participant Recruitment (where appropriate consent forms should be attached)**

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**9. Ethical Considerations:**

**a. Please outline the ethical implications of the project**

**b. Does the project involve engagement with sensitive topics? Yes  No**   
**If yes please explain:**

**c. Describe any special ethical issues with the proposed sample (e.g. children or vulnerable adults)**

**10. Data Protection – Outline the measures that will be undertaken to protect the anonymity and confidentiality of the participant groups**

**11. Please outline the arrangements for Data Storage**

**12. What potential hazards have been identified and how will they be managed**

**13. Is the completed checklist for the research ethics review attached?**

**14. Signatures:**

**Principal:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Research Development:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Investigator:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Appendix 4**

**SAMPLE**

Print on headed note paper

**NAME  
POSITION  
ADDRESS  
PHONE  
EMAIL**

**CONSENT FORM**

**Title of Project:**

**Name of Researcher(s):**

**Name of School / Principal / Parent / Guardians**

**Please initial Box**

**1. I confirm that I have read and understand the information sheet dated.....for the above study. I give my consent for members of my school – Staff/Pupils to be involved in this project.**

**2. I agree to take part in the above study.**

\_\_\_\_\_  
Name of Participant  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person  
taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: This is a generic template for the consent form. It may be necessary for applicants to alter the detail of what this form contains). If children or venerable adults are involved please include a parental/guardian consent form. It is important to seek advice from Head of Research Development when preparing a consent form.